IREDELL COUNTY HEALTH DEPARTMENT 4657890615

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Donald Wilkerson Jr. DATE Sept 28, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Aloga Dr. Turn onto Rhinehardt Rd. (across from Burger King) ~1 mile on Rt ~300' Offroad S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

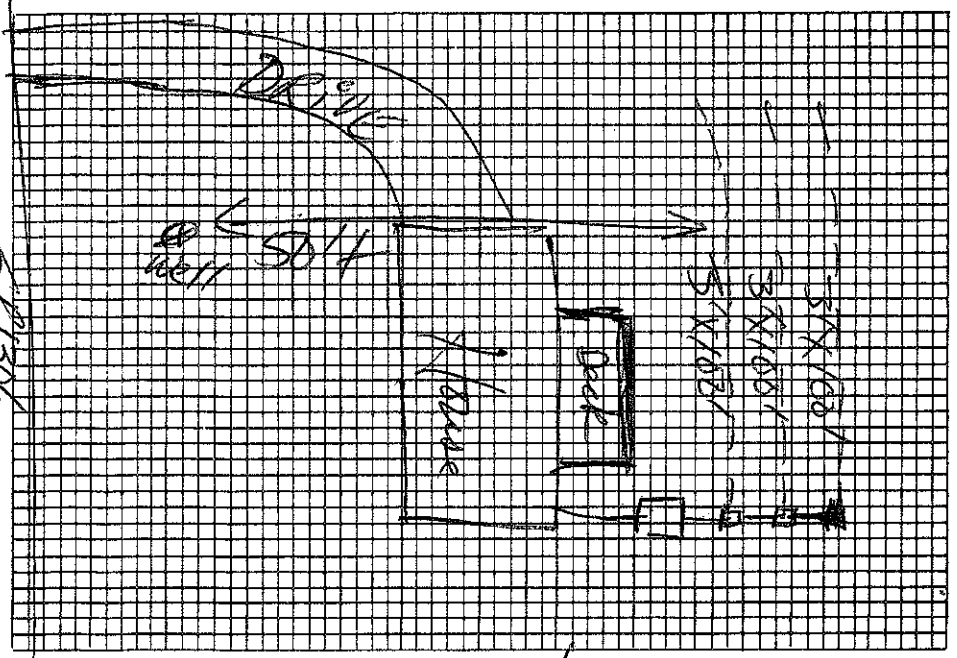
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | clay |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | ~4 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 10-15% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 44 |
| | | | Rock or other impervious formations | none obs. |

Lot Area 20000 ft²

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J.R. Bowles

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D.R. Hinson, RS. DATE Sept 28, 87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold