IREDELL COUNTY HEALTH DEPARTMENT 4658037572

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

OWNER OR CONTRACTOR Henry L. Adams DATE 5-28-86 PERMIT NO. 299

PHONE: Business _____ Home _____

LOCATION 21 S Rt 70 Conelius ¾ mile & left on dirt street, MH is ½ mile at end on Rt

S. R. No. _____

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

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

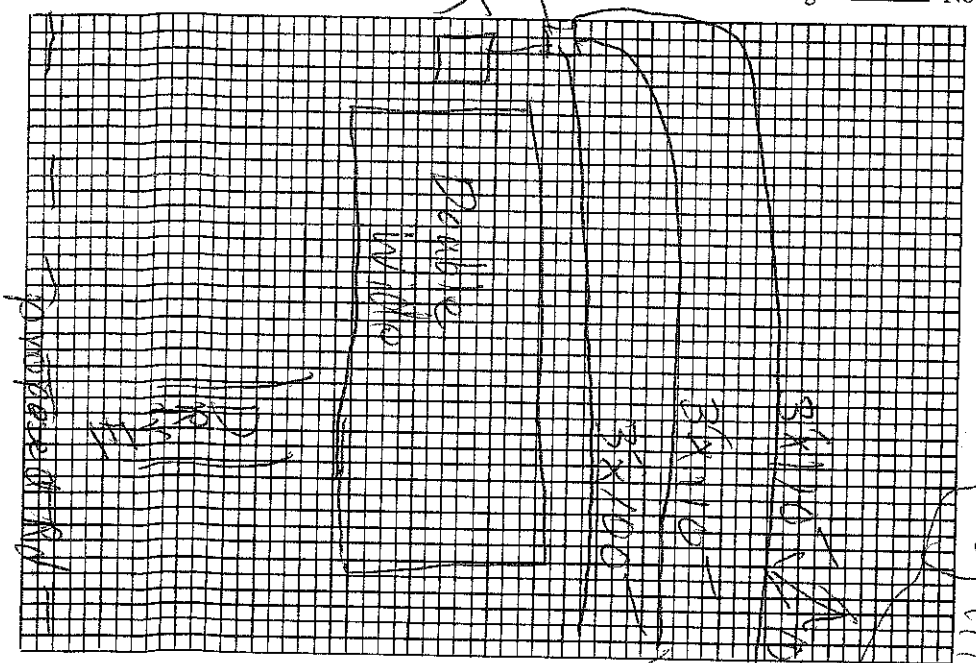
No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes ( ) No ( )

Character & Porosity of Soil clay loam
Percolation Rate 13 gal/ft²/day
Topography 2-6%
Depth to Water Table 4ft
Rock or other impervious formations none noted

Lot Area _____

_____ Basement with Plumbing X Basement without Plumbing _____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 760 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by Roman Septic

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: well not dug yet need to be 50 from tank & lines

CERTIFICATE OF COMPLETION BY _____ DATE 5-28-86

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