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# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ricky Bailey DATE 11/14/88 Quad # PERMIT NO. 21D

PHONE: Business _____ Home 892-6577

LOCATION 1155 TL Presbyterian Rd. Nearend on left.

SUBDIVISION NAME Goldtrace LOT NO. 15 S. R. No. _____

SECTION OR BLOCK NO. 2 Caddle Creek IC-5-A-14/

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

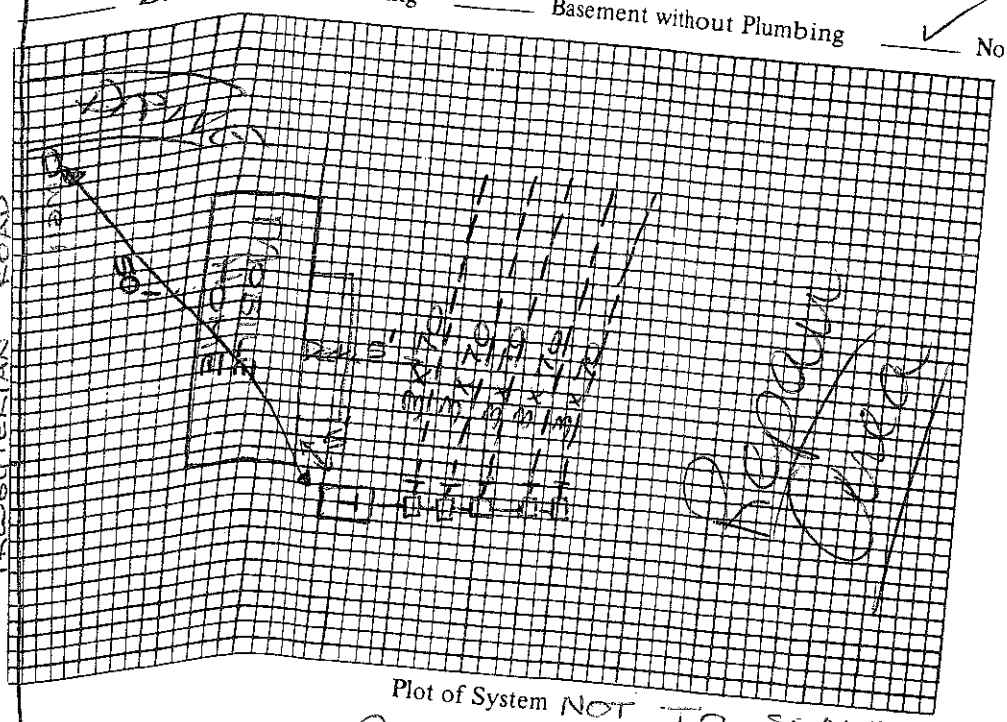
No. Bedrooms 3 No. Bathrooms ~2

| | | |
|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) |
| Auto. Dishwasher | Yes (✓) | No ( ) |
| Auto. Wash. Machine | Yes (✓) | No ( ) |
| Site Suitable | Yes (✓) | No ( ) |

Lot Area 20,000±

Character & Porosity of Soil Clayey (silty)
Percolation Rate .35gpd/ft2
Topography 15-20%
Depth to Water Table 4'+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System NOT TO SCALE

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: [signature]

IMPROVEMENTS PERMIT BY André C Pierce

COMMENTS: Keep system shallow and lines on contour. Lines should be 30" deep (max.) System must be 5' off of any part of house structure (deck or porch)

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIC DATE _____

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

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