IREDELL COUNTY HEALTH DEPARTMENT

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

NER OR CONTRACTOR John Alexander DATE March 20, 89 PERMIT NO. _____

ONE: Business _____ Home _____

CATION 1125 S. TR 1136 (Faith Road) 2nd house on left

_____ S/R. No. _____

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

use (✓) Mobile Home ( ) Business ( ) Other Repair

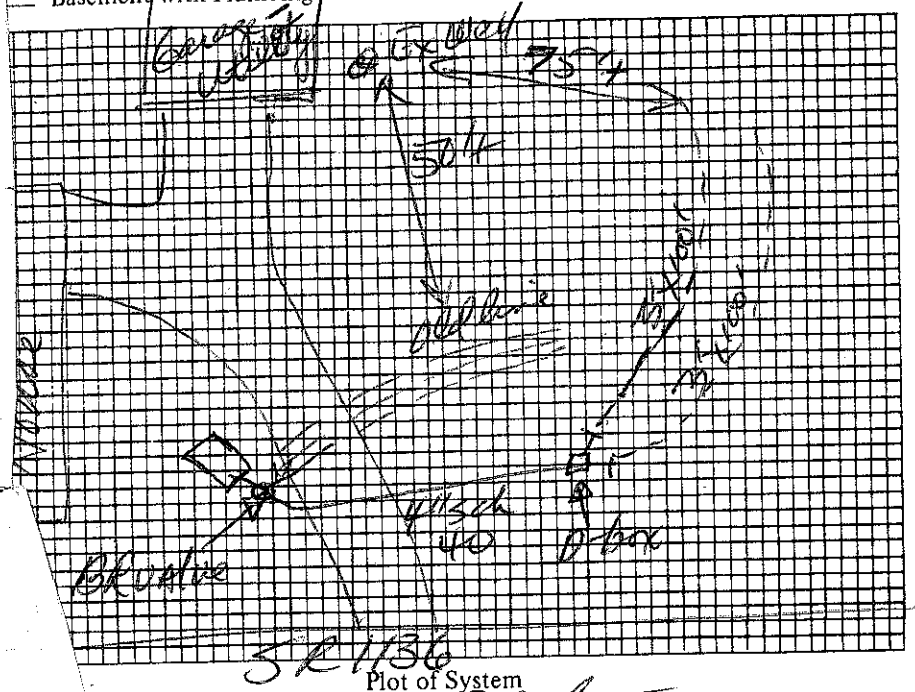
Bedrooms 2 No. Bathrooms 1

bage Disposal Unit Yes ( ) No (✓)
b. Dishwasher Yes ( ) No (✓)
b. Wash. Machine Yes (✓) No ( )
Suitable AS Yes (✓) No ( )

Character & Porosity of Soil Clay
Percolation Rate 3-4
Topography 2-4%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

Area 1.3 AC.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by A. Irwin

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

Signed: _____

IENTS PERMIT BY _____

OF COMPLETION BY _____ DATE 3-20-89

TEM CHECKED BY: _____ DATE _____

RUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
any unauthorized changes are made in installation of system and/or if any false information is supplied in making
mit.

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