4665517634

# 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 Charles Adkins DATE 5-6-85 PERMIT NO. 190

PHONE: Business _____ Home _____

LOCATION 1125S TL 2nd Entrance (Timberview Lane) 3rd lot on R S. R. No. _____

SUBDIVISION NAME Timberview LOT NO. 11 SECTION OR BLOCK NO. _____

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

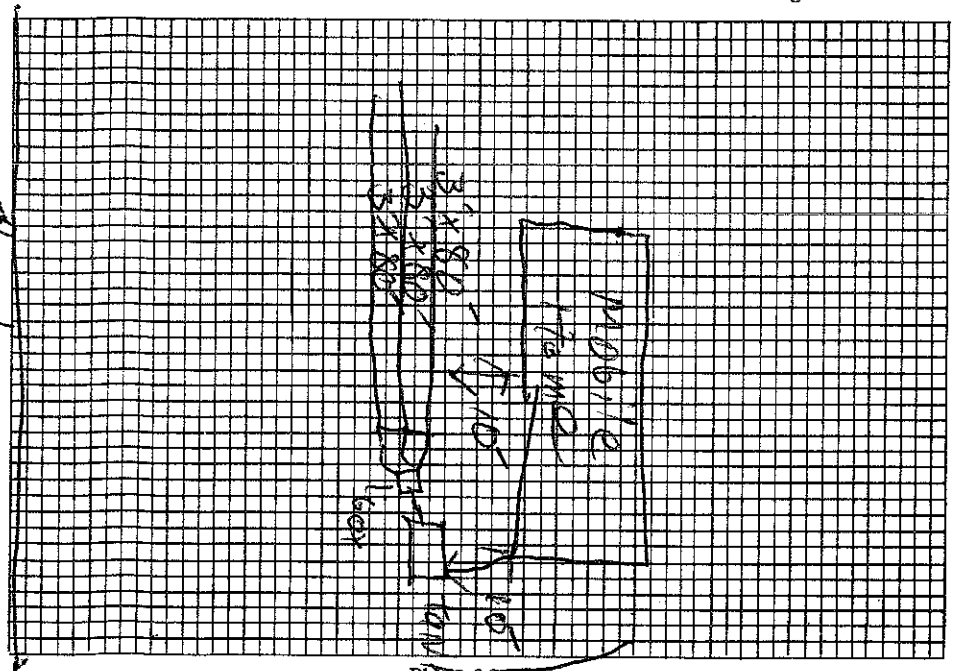
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 29000+/-

Character & Porosity of Soil clay
Percolation Rate 0.5 gal/ft²/day
Topography 2-4% 4%
Depth to Water Table _____
Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (T)
Public ( )

Installed by Kenneth Chapins

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

Signed: _____

IMPROVEMENTS PERMIT BY DRIVE Fred Clemmer

COMMENTS: 30' Keep well 50ft from system
Lines + Tank

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE 5-6-85

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