4665523404

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER CONTRACTOR John R. Etheridge DATE 5-28-85 PERMIT NO. 236

PHONE Business _____ Home _____

LOCATION 1125 TL Springtime Lane TL Pond Lane 2nd on left

SUBDIVISION NAME Timberview LOT NO. 70 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Washing Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area 20,000+/-

Character & Porosity of Soil Clay

Percolation Rate 0.5 gal/ft²/day

Topography 2-4%

Depth to Water Table 4'

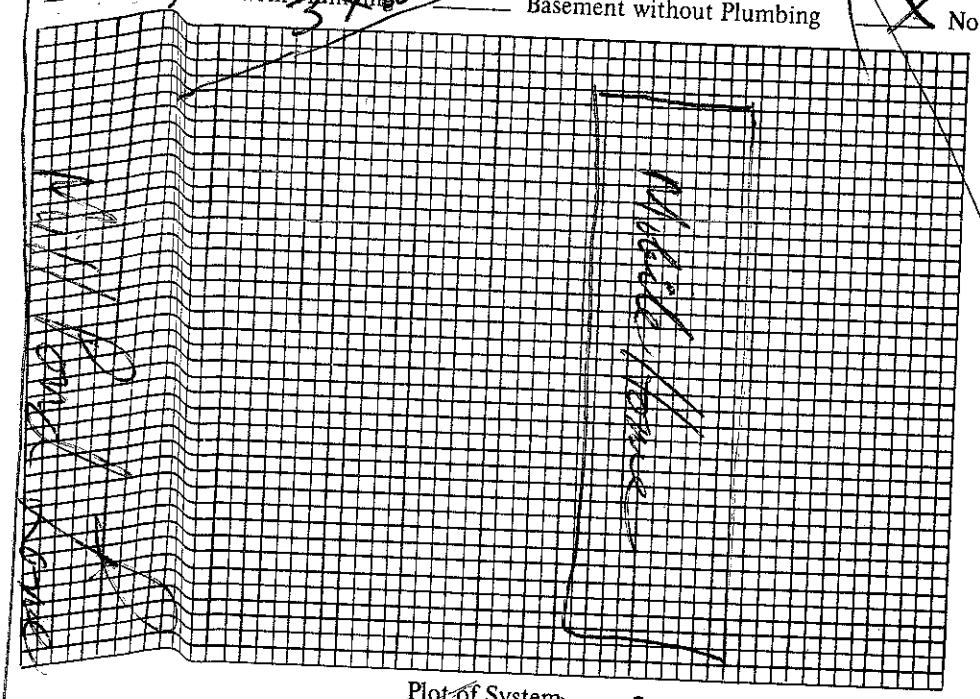
Rock or other impervious formations NONE OBS.

3x80

3x80

3x80

Basement with Plumbing _____ Basement without Plumbing _____ No Basement (X)



Plot of System

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 (X)
Public ( )

Installed by Wilfred Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY Ted Clemmer

COMMENTS: DRIVE

CERTIFICATE OF COMPLETION BY Ted Clemmer

EXISTING SYSTEM CHECKED BY: _____ DATE 5-28-85

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

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