4605525393

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 Dewayne A. Jones DATE 7-2-85 PERMIT NO. 302

PHONE: Business _____ Home _____

LOCATION 1125 S Springtime Lane Lot on left past Mill Pond Land on Corner S. R. No. _____

SUBDIVISION NAME Timberview LOT NO. 45 SECTION OR BLOCK NO. _____

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

No. Bedrooms Road 3 No. Bathrooms 1½ Character & Porosity of Soil Clay good drainage

~~Garbage Disposal Unit~~ Yes ( ) No (X) ~~Percolation Rate~~ 0.5

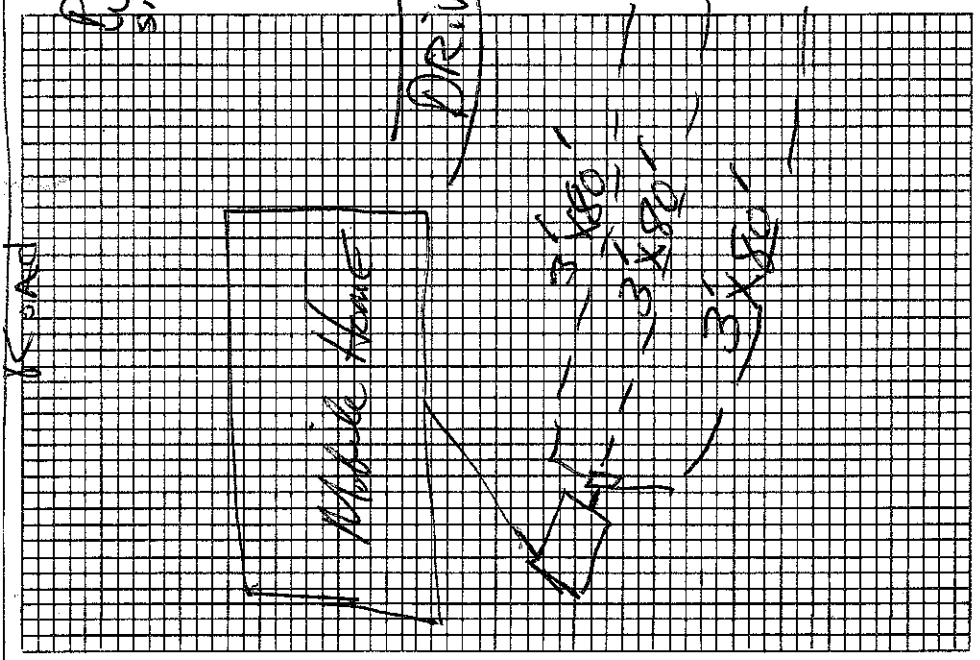
Auto. Dishwasher Yes ( ) No ( ) Topography 2-5%

Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table 4

Site Suitable Yes (X) No ( ) Rock or other impervious formations NONE 065

Lot Size 20,000 sq ft

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



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 13"

Water Supply: Individual (X)
Public ( )

Installed by H. Ervin Co

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 7-2-85

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