IREDELL COUNTY HEALTH DEPARTMENT 4665528171

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

OWNER OR CONTRACTOR Gary W. Harding DATE 11-2-84 PERMIT NO. 416

PHONE: Business _____ Home _____

LOCATION 1255 R Springtime Lane 800 Ft on R.

S. R. No. _____

SUBDIVISION NAME Timberview LOT NO. 26 SECTION OR BLOCK NO. _____

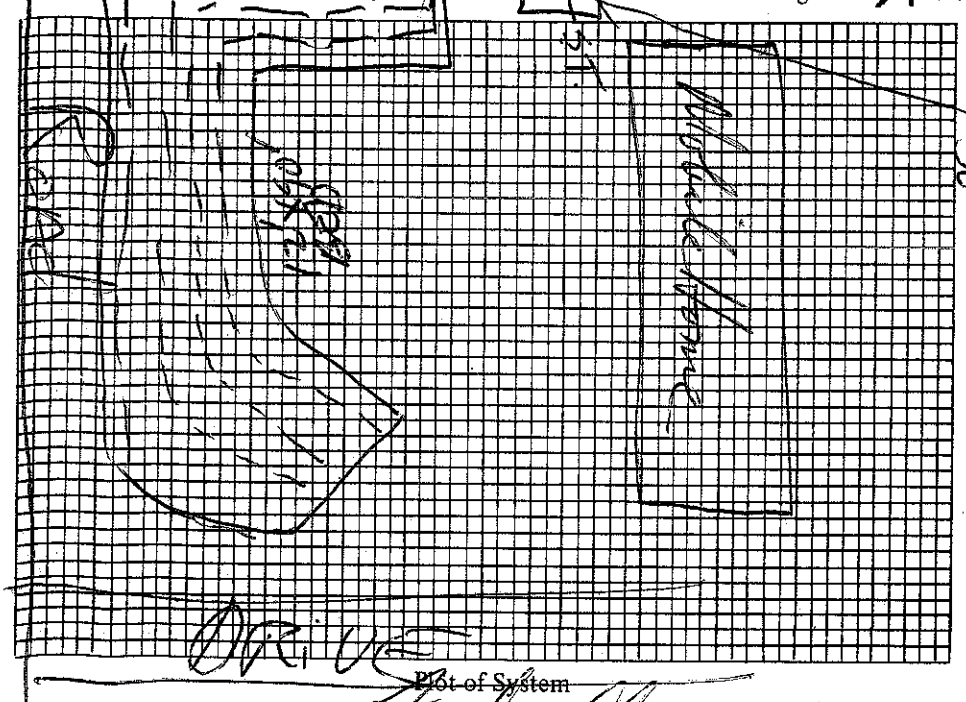
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )
Lot Area 0.75 ACRE

Character & Porosity of Soil Clay
Percolation Rate 0.5 gpd/sq ft/day
Topography 2-6%
Depth to Water Table 4 ft
Rock or other impervious formations 0 bps - Numerous granite outcroppings

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Size of Tank 1000 Gals.
Nitrification Field: 4
No. of Lines
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Lemuel Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Hit Rock, numerous outcroppings -

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 11-1-84

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