IREDELL COUNTY HEALTH DEPARTMENT 4660561 0617

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

OWNER OR CONTRACTOR Bruce Oliver DATE Feb 4 '87 PERMIT NO. 47

PHONE: Business _____ Home _____

LOCATION 1125 N 2nd entrance into Timberview near end on Rt. S. R. No. _____

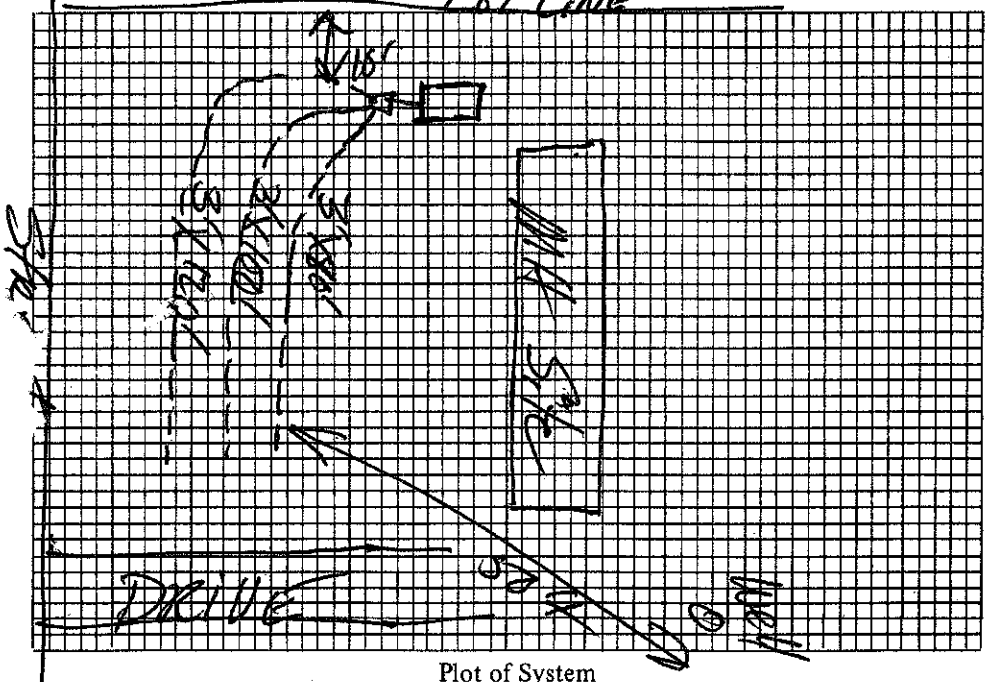
SUBDIVISION NAME Timberview LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 20000 sq ft

Character & Porosity of Soil clay
Percolation Rate 2, 4
Topography 2 80
Depth to Water Table 4'+
Rock or other impervious formations none ob.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( ).

Installed by Donald Jackey

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

Signed: _____

IMPROVEMENTS PERMIT BY JCM

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. Hinson, RS. DATE Feb 4 '87

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