4665 61 4754

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 Martha Black DATE 4-10-85 PERMIT NO. 141

PHONE: Business _____ Home _____

LOCATION 1255 TL 2nd Timberview ENTRANCE Atend on R S. R. No. _____

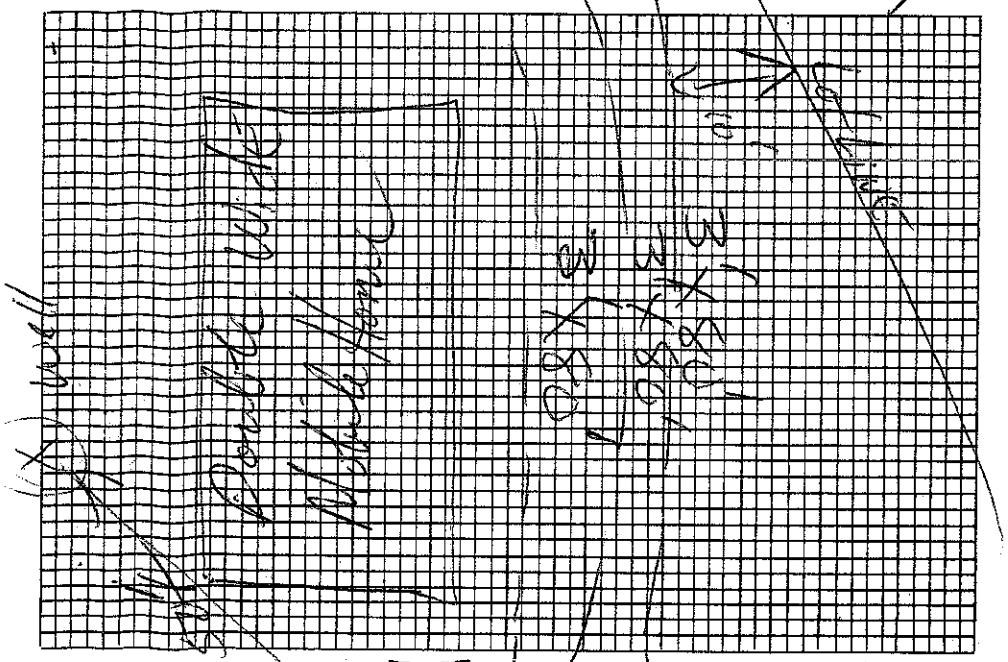
SUBDIVISION NAME Timberview LOT NO. 16 SECTION OR BLOCK NO. 1

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	2-100 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	
Site Suitable	Yes (X)	No ( )	Depth to Water Table	
Lot Area			Rock or other impervious formations	NONE obs.

_____ Basement with Plumbing _____ Basement without Plumbing X 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 X
Public ( )

Installed by W. Hoyd Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY C. R. Barnett

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 4-10-85

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