IREDELL COUNTY HEALTH DEPARTMENT 4665614925

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

OWNER OR CONTRACTOR Judy DeWARR DATE 8-30-85 PERMIT NO. 374

PHONE: Business _____ Home _____

LOCATION 11255 TR Timberview LANE At end on left of Cul-de-sac S.R. No. _____

SUBDIVISION NAME Timberview LOT NO. 17 SECTION OR BLOCK NO. _____

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

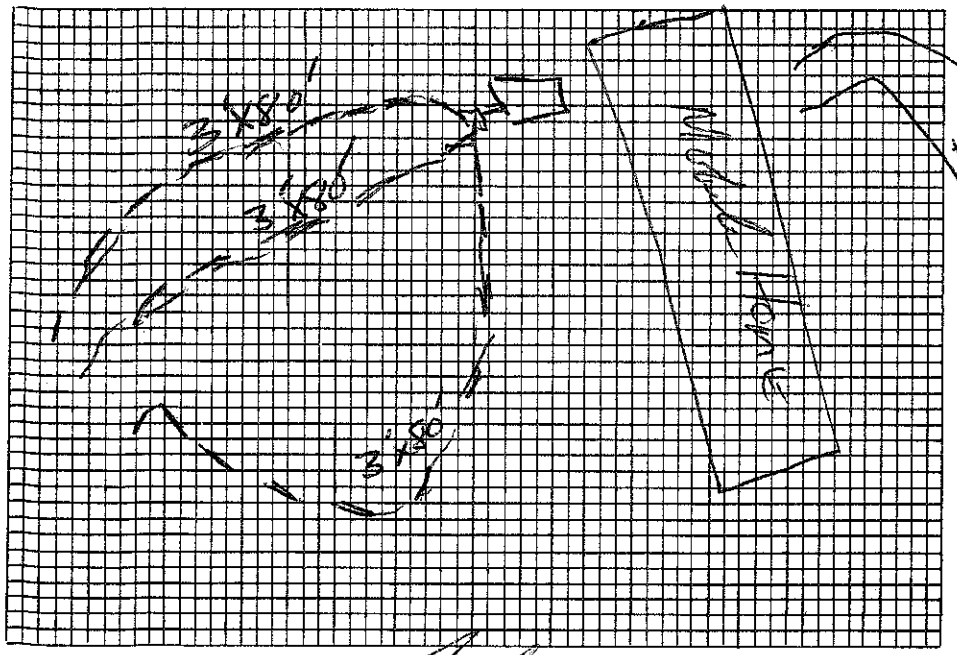
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Character & Porosity of Soil Clay
Percolation Rate 0.5 gal ft²/day
Topography 2-8%
Depth to Water Table _____
Rock or other impervious formations NONE MAJOR (scattered outcroppings)

Lot Area 1.2 ACRES

_____ 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. 120 Linear Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual (X)
Public ( )

Installed by Kenneth Chapin

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: OWNER to have SURFACE WATER DRAINED AWAY FROM DRAIN FIELD

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-30-85

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