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# 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 Larry W. Mize DATE 8-13-85 PERMIT NO. 354

PHONE: Business _____ Home _____

LOCATION 1125 S to Springtime Lane to Mill Pond Lane to Way Down DR

S. R. No. _____

SUBDIVISION NAME Timberview LOT NO. 51 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 29,000 Ft +

Character & Porosity of Soil Clay

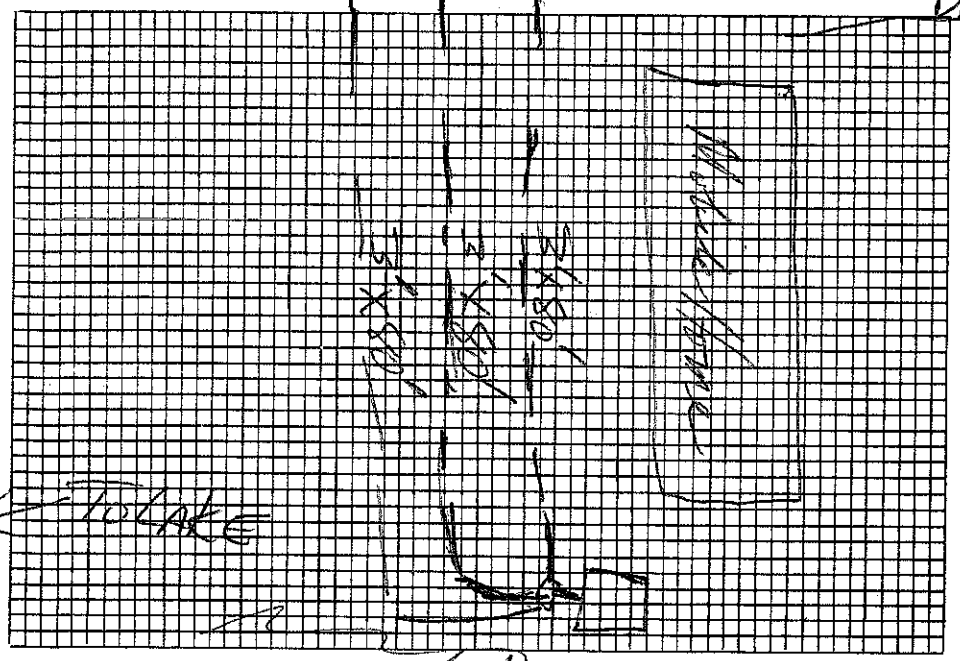
Percolation Rate .05 gpf 1st 2 days

Topography 2 @ 10% 49

Depth to Water Table 4'

Rock or other impervious formations None obs.

_____ 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 Wilfred Bridges

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 8-13-85

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