IREDELL COUNTY HEALTH DEPARTMENT 4660562310 6

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

OWNER OR CONTRACTOR Fred Frasier DATE 6-19-84 PERMIT NO. 192

PHONE: Business _____ Home _____

LOCATION 1255 on left before 1142, TL Spring time Lane Lot on R before Cul-de-sac S. R. No. _____

SUBDIVISION NAME Timber View LOT NO. 29 SECTION OR BLOCK NO. _____

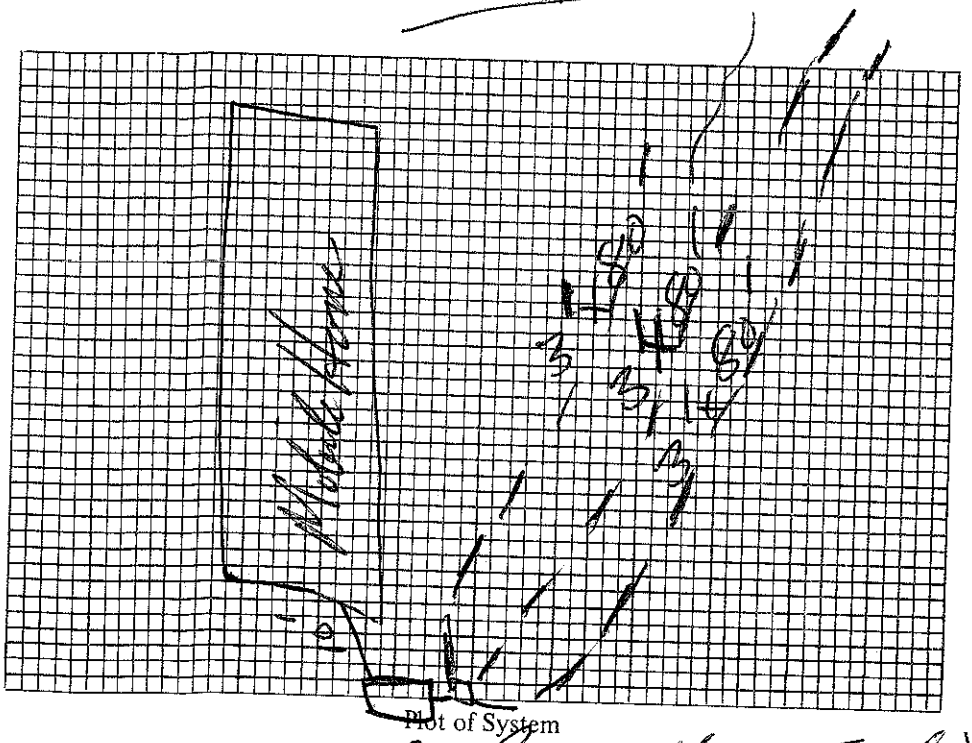
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate	0.5 gal/ft²/day
Auto. Wash. Machine	Yes (X)	No ( )	Topography	2-6%
Site Suitable	Yes (X)	No ( )	Depth to Water Table	4'
			Rock or other impervious formations	Scattered outcroppings

Lot Area 3/4 ACRE

DRIVE



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. E. Bridges

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

Signed: _____

IMPROVEMENTS PERMIT BY C. Bennett + Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 6-19-84

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