4665 63 4066

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 Doris B Brown DATE 4-4-85 PERMIT NO. 138

PHONE: Business _____ Home _____

LOCATION 1255 N Spring Tree Lane N 15th Road
near END OF R

S. R. No. _____

SUBDIVISION NAME Timberview LOT NO. 54 SECTION OR BLOCK NO. _____

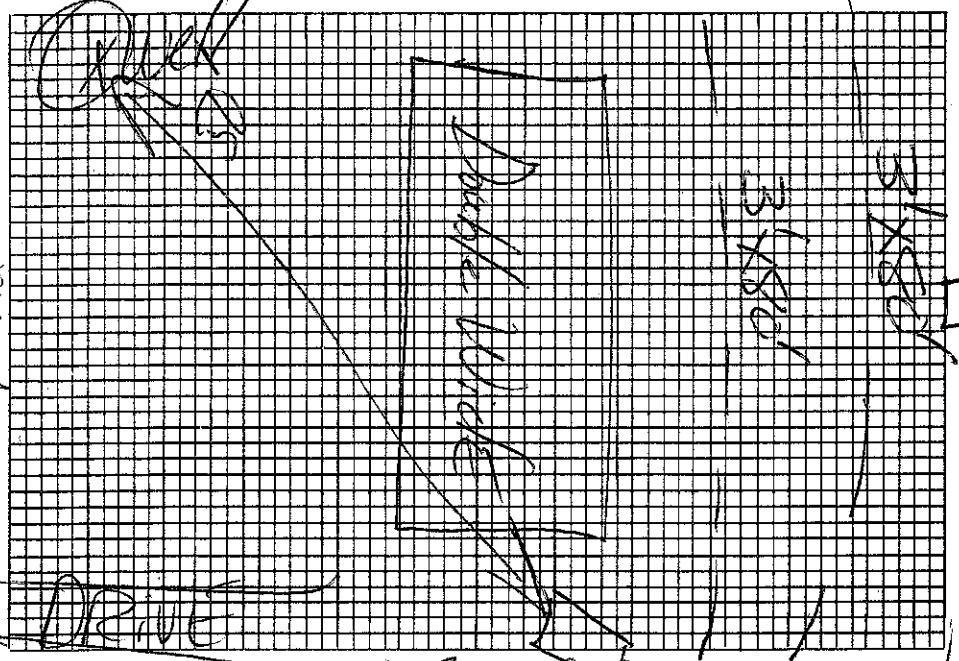
House ( ) Mobile Home (X) Business ( ) Other _____

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 20,000 Ft +

Character & Porosity of Soil Clay
Percolation Rate 05 gpm
Topography Slope
Depth to Water Table 24"-36"
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: 3
No. of Lines
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by J. Ervin Co.

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

Signed: _____

IMPROVEMENTS PERMIT BY Jack Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Jack Clemmer DATE 4-11-85

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