6873

IREDELL COUNTY HEALTH DEPARTMENT 4606563610 2

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

OWNER OR CONTRACTOR LENNIS SMITH DATE 2/10/88 PERMIT NO. _____

PHONE: Business _____ Home 596-7379

LOCATION 1125 S. TL 1st entrance to TIMBERVIEW
BEAR LEFT. NEAR END ON RIGHT S. R. No. _____

SUBDIVISION NAME TIMBERVIEW LOT NO. 55 SECTION OR BLOCK NO. _____

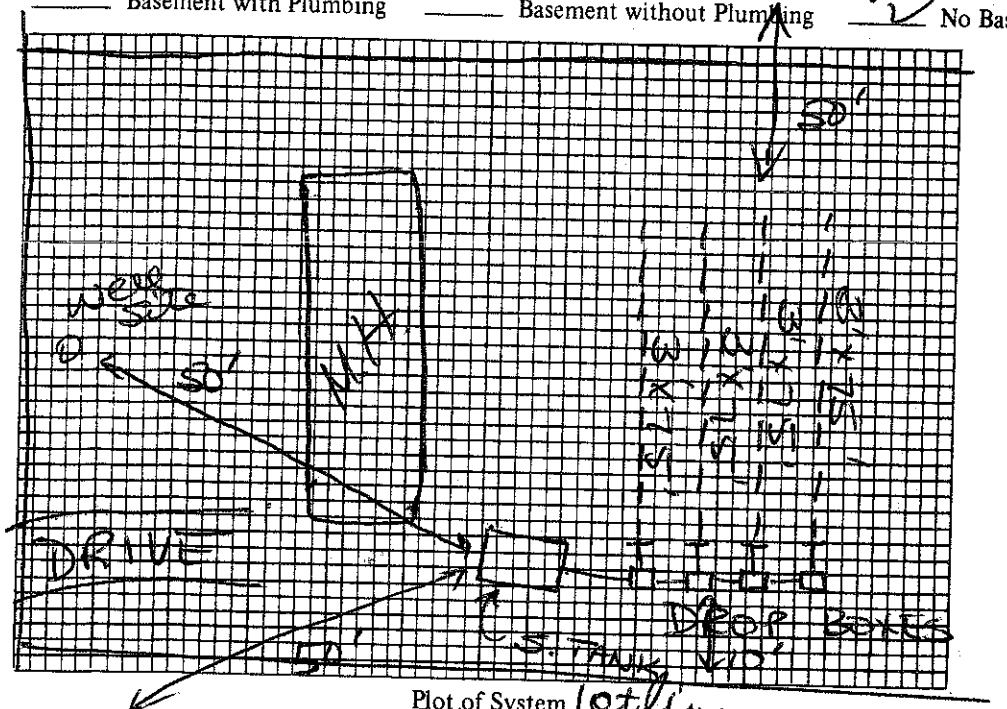
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey
Percolation Rate ~.4
Topography 4-10%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Outline

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by ABERNATHY

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP/DRH

COMMENTS: David checked tanks and lines. I checked hook-up and drop boxes. — ACP 2/10/88
SYSTEM INSTALLED PRIOR TO "BIG SNOW" IN JAN. ~ 1 MONTH. COVERED TODAY (2-10-88)

CERTIFICATE OF COMPLETION BY Andie O Grace DATE 2/10/88

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