IREDELL COUNTY HEALTH DEPARTMENT 4665791223

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

OWNER OR CONTRACTOR Joseph R. Curtis DATE 9-11-85 PERMIT NO. 398

PHONE: Business _____ Home _____

LOCATION 1146 (NC 136) TR 1148 (Kearns) TR 1147 Enfield (Rocky River) ± 300 FT TR dirt Road (200 FT on left) S. R. No. _____

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

House (X) Mobile Home ( ) 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 Existing

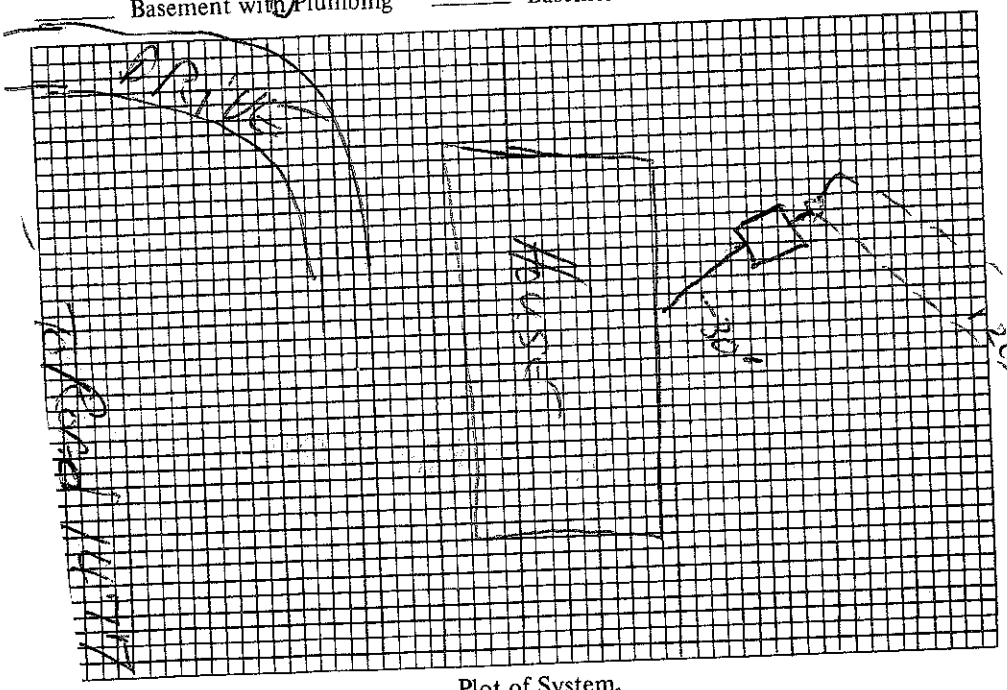
Character & Porosity of Soil Clay
Percolation Rate 2-60 MPI
Topography Gently Rolling
Depth to Water Table 4'
Rock or other impervious formations None obs

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 120 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: _____

PROVEMENTS PERMIT BY J. Clemmer

MMENTS: _____

TIFICATE OF COMPLETION BY Jack Clemmer DATE 9-11-85

TING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
rements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold