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 Robert Abernathy DATE 10-28-01 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION 115 W TR - On Magnolia Rd Turnover

S. R. No. 3310

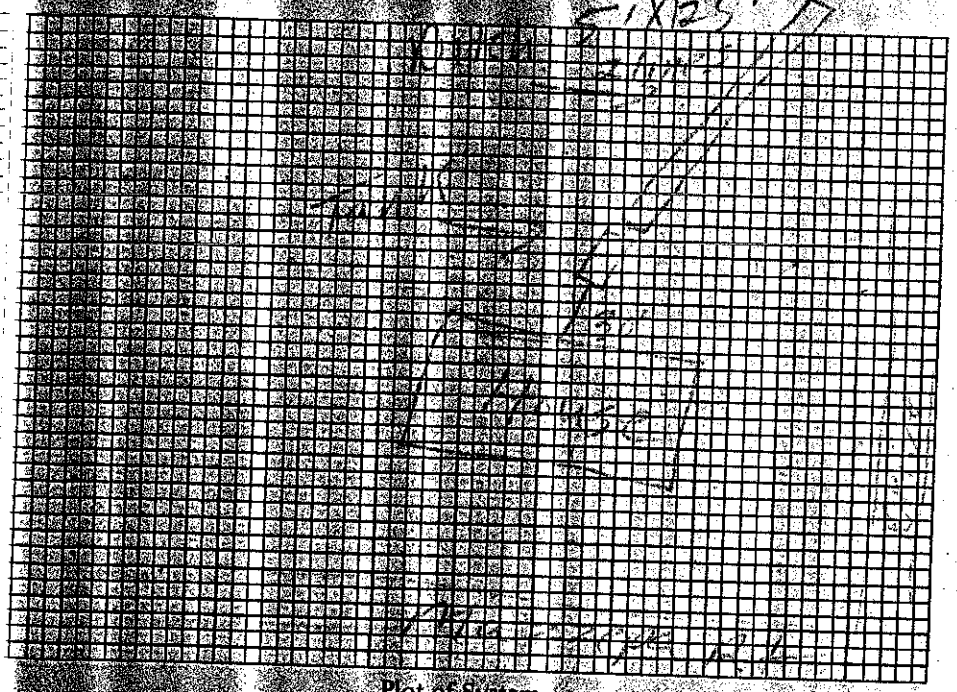
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 200 X 300'

Character & Porosity of Soil Clay loam to clay (Porous Poor)
Percolation Rate Soil boring
Topography Rolling Slight
Depth to Water Table 4'+
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 18"
Water Supply: Individual (X)
Public ( )
well on site

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS Soil type 15 off a type that will have slow percolation. Every effort should be made to have reasonable water use + drainage should be diverted around system.

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 10-31-01

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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