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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 *Reginald G. Grady Jr.* DATE *Nov. 18, '88* PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION *115 N. TR2383 (Shunnville Rd.) ~1½ miles TL private road near end on left* S. R. No. ____

SUBDIVISION NAME *Springdale* LOT NO. *19* SECTION OR BLOCK NO. ____

House ( ) Mobile Home (✓) *DW* Business ( ) Other ____

No. Bedrooms *3* No. Bathrooms *2*

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

~~Site Suitable~~ *PS* Yes (✓) No ( )

Lot Area *~3/4 Ac.*

Character & Porosity of Soil *clay*

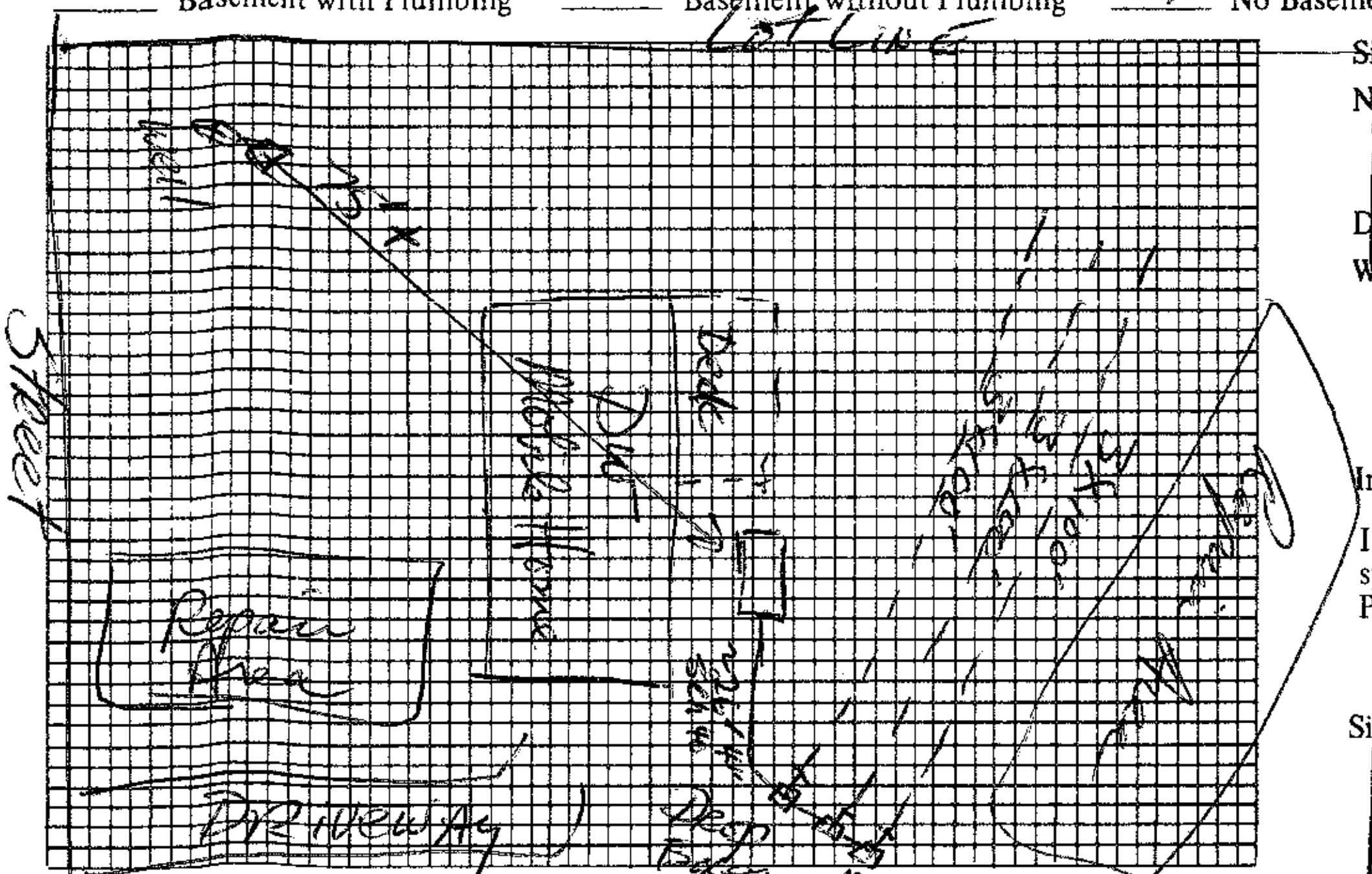
Percolation Rate *~.4*

Topography *4-6%*

Depth to Water Table *4'+*

Rock or other impervious formations *none obs.*

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank *1000* Gals.

Nitrification Field:

No. of Lines *3*

Sq. Ft. *900* Linear Ft. *300*

Depth of Stone in Lines *12"*

Water Supply: Individual (✓)

Public ( )

Installed by *A. J. Erwin*

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

Signed: ____

↓10' LOT LINE

IMPROVEMENTS PERMIT BY *DRH*

COMMENTS: *M.H. not on site, Area marked where it is to be set up.*

CERTIFICATE OF COMPLETION BY *D R Harrison RS.* DATE *11-18-88*

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