4676-23-5290

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 DAVID FESPERMAN DATE 3/4/88 PERMIT NO.

PHONE: Business Home 663-0664

LOCATION 150 E. TR Linwood Rd (1152) Pass FIRE DEPT. (S. Iredell) 1st house on left after Dept

SUBDIVISION NAME QUAIL [redacted] Run LOT NO. 4 S. R. No. SECTION OR BLOCK NO. #2

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

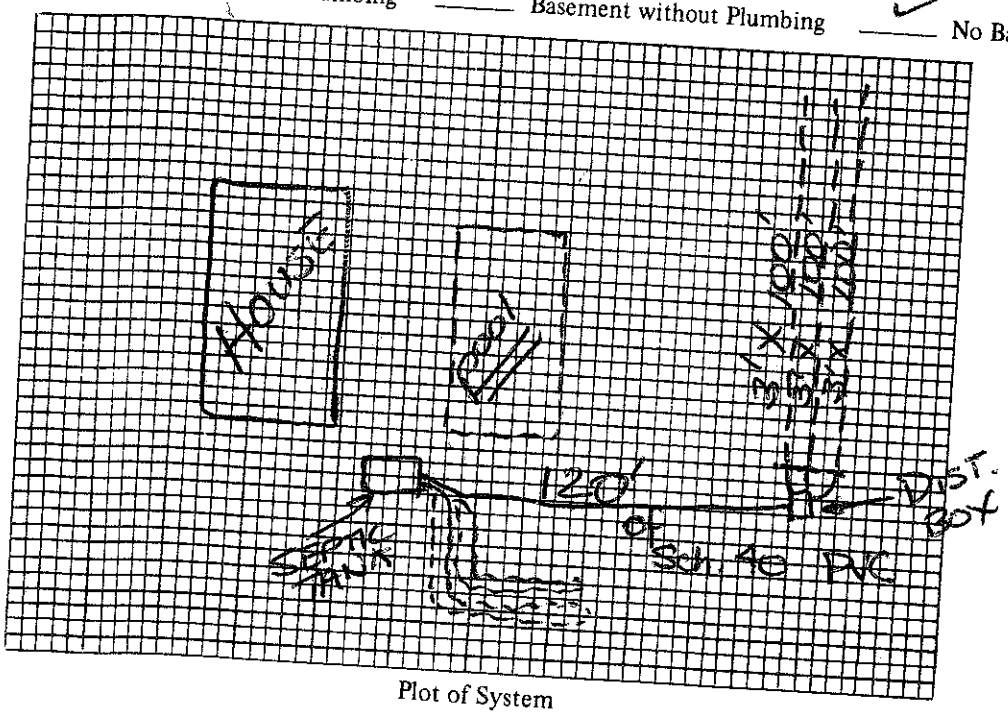
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 3.96 ACRES

Character & Porosity of Soil Clayey
Percolation Rate 3-4
Topography 4
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 EXISTING 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 LARRY BEAM.

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: *With a garbage disposal, tank should be pumped every 3-5 years BEFORE SOLIDS GET OUT INTO LINES AND STOP THEM UP.

CERTIFICATE OF COMPLETION BY Andrew C. Pierce

EXISTING SYSTEM CHECKED BY: _____ DATE 3/4/88

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. DATE _____

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