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 Mike Barnhardt DATE 9-27-83 PERMIT NO. 325

PHONE: Business _____ Home _____

LOCATION 1159 S TV 1151 Apt 1.3 mile on R Mobile Home
Behind Gary Stowes S. R. No. _____

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

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

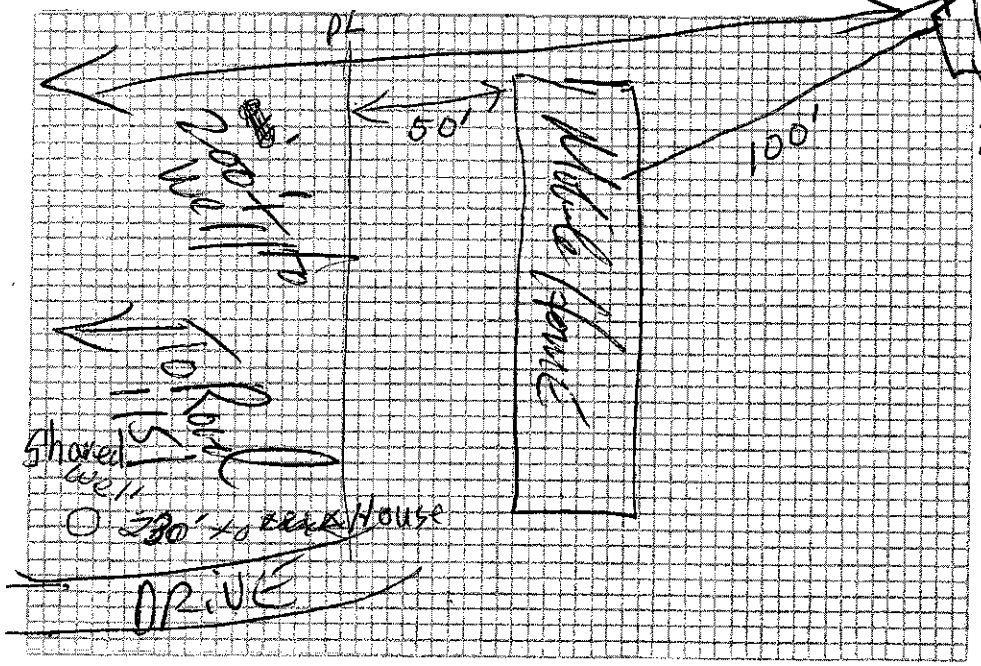
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2.3 ACRES

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 10-15%
Depth to Water Table 4ft
Rock or other impervious formations None observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240'
Depth of Stone in Lines 720
Water Supply: Individual (X)
Public ( )

Installed by [illegible]

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: OWNER Changed Layout for future house Site

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-27-83

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