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 TCR Sales, Inc. (Clarence Pickard) DATE 12/9/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N. Main St. Pass Eddie's Grocery TR Pickwick Village ~2 lot on left.

SUBDIVISION NAME PICWICK VILLAGE LOT NO. 2 SECTION OR BLOCK NO. _____ S. R. No. _____

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

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 20000 ft²

Character & Porosity of Soil clayey

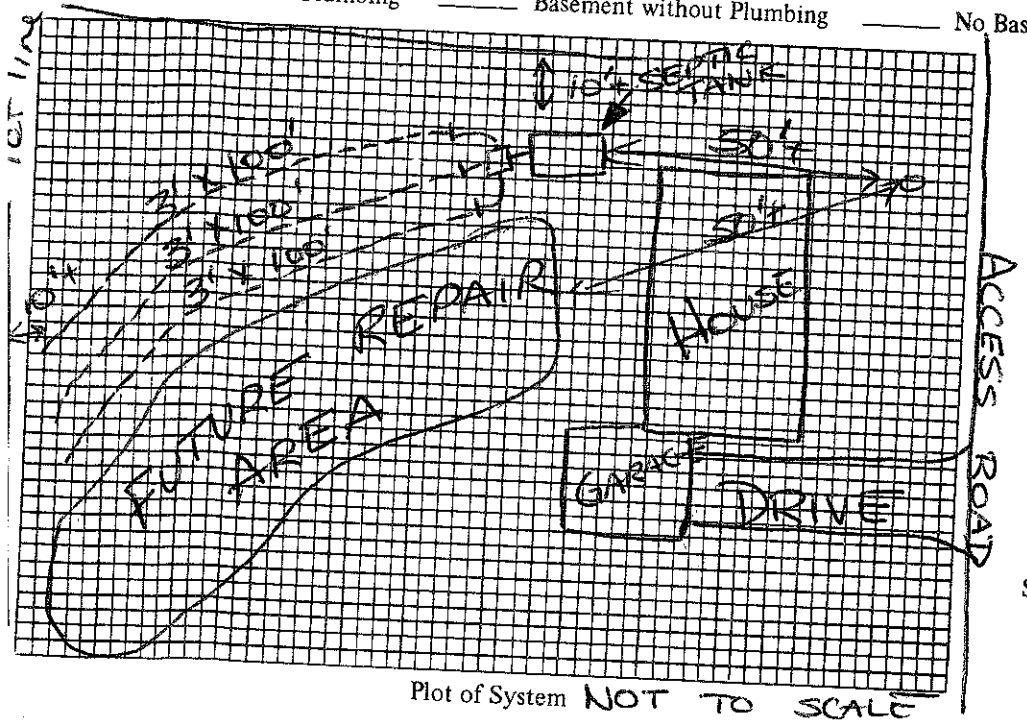
Percolation Rate ~.4 gal/ft²

Topography 2-3%

Depth to Water Table 4'+

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System NOT TO SCALE

Size of Tank 1250 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 ABERNATHY

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: WITH GARBAGE DISPOSAL, THE HEALTH DEPT. RECOMMENDS MORE FREQUENT PUMPING OF S. TANK (~3YR INTERVALS OR MORE AS NEEDED)

CERTIFICATE OF COMPLETION BY Andrea C. Pierce DATE 12/9/87

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