4677-57-0878

09052

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 T. W. Keller DATE April 14, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. past Carrigan Farms Tr into Oakmeadow on 200' on Right S. R. No. _____

SUBDIVISION NAME Oakmeadow LOT NO. 23 SECTION OR BLOCK NO. _____

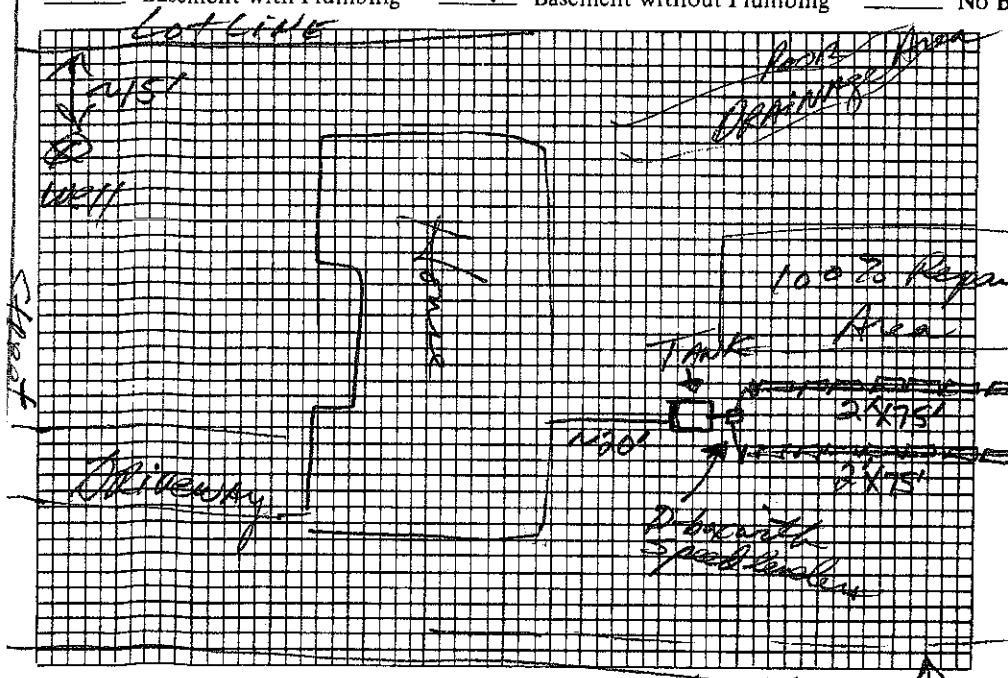
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ Yes (✓) No ( )
Lot Area 1.87 Ac.

Character & Porosity of Soil clay
Percolation Rate 10#
Topography 2-4%
Depth to Water Table 9'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. ~~of Lines~~ 2
Sq. Ft. _____ Linear Ft. 150'
Depth of Stone in Lines 16" 7"

Water Supply: Individual (✓) panels
Public ( ) gravity flow

Garden

Installed by J. R. Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

Provide good surface drainage around system!

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4-14-89

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