09494

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 James Gibbs Jr. DATE March 23, 89 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 150E. TL past Carrigan Farms on Right

______ S. R. No. ______

SUBDIVISION NAME Oakmeadow LOT NO. 21 SECTION OR BLOCK 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~~ PS Yes (✓) No ( )

Lot Area ~1 Ac

Character & Porosity of Soil clay

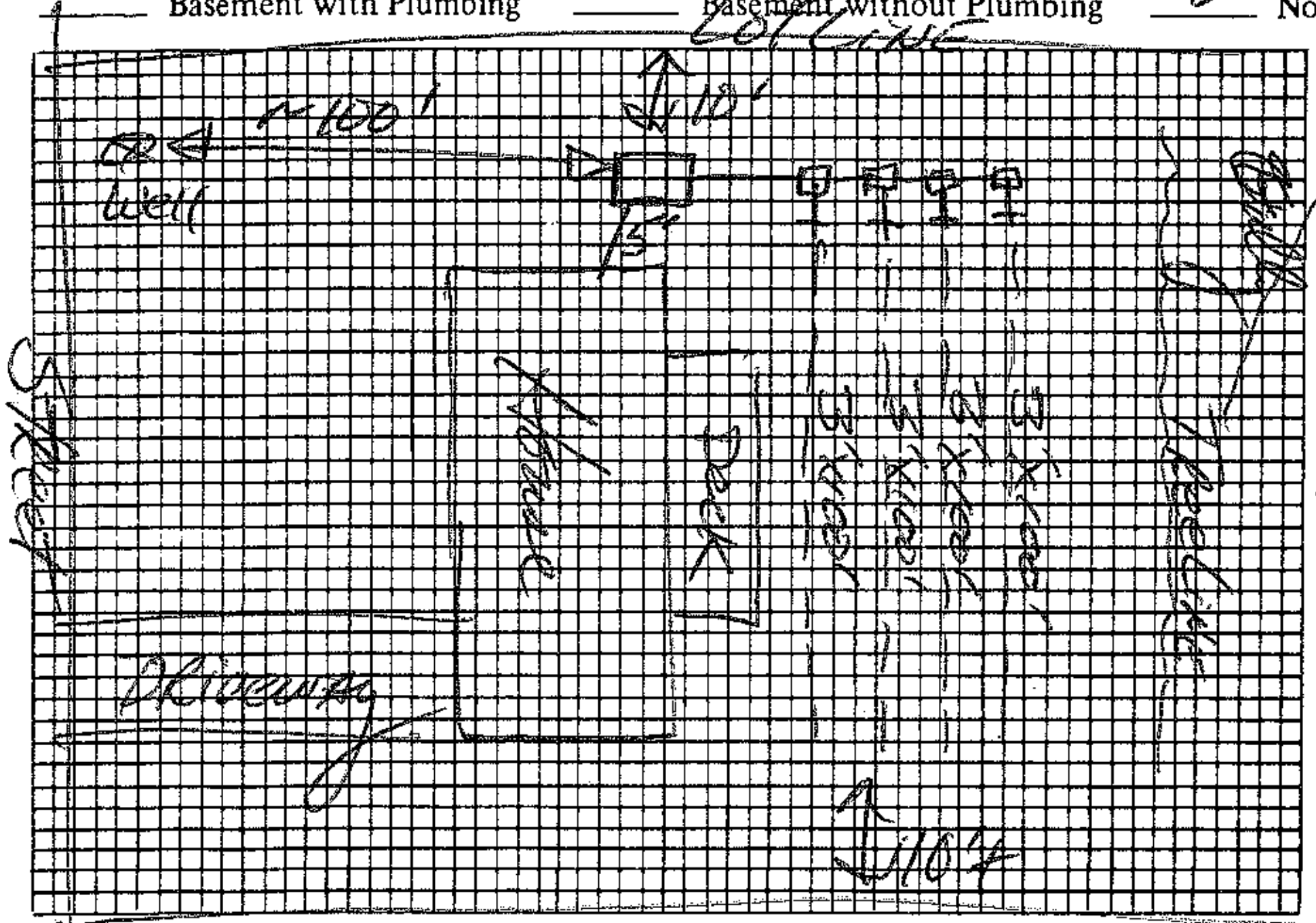
Percolation Rate ~.3

Topography 2-4%

Depth to Water Table 44"

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 4

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Repair Area

Installed by Rowan Septic Tk.

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

Signed: ______

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: Hedgerow (swell) at tree line needs to be removed in order to provide good surface drainage

CERTIFICATE OF COMPLETION BY [signature] DATE 3-29-89

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