4677-68-5249.1385

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

330

OWNER OR CONTRACTOR James Kipka DATE 9-10-84 PERMIT NO. ~~477~~

PHONE: Business _____ Home _____

LOCATION 150 EAST on left ~ ¼ mile before Co. Line

S. R. No. _____

SUBDIVISION NAME D+F MHP LOT NO. _____ SECTION OR BLOCK NO. _____

Site Address: 1385 Oakridge Farm Rd. MVL

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes ( ) No (X)

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area EXISTING ACCESS ROAD

Character & Porosity of Soil Clay Loam / Gravelly

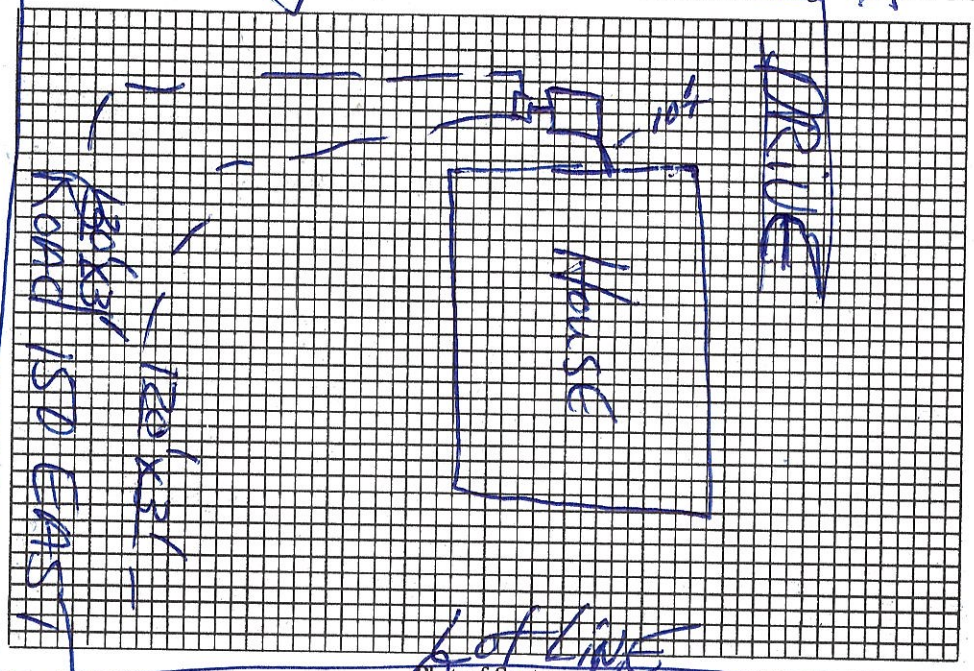
Percolation Rate 0-20 MPI

Topography 4

Depth to Water Table _____

Rock or other impervious formations NONE obs

~~Basement with Plumbing~~ ~~Basement without Plumbing~~ X 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 12"

Water Supply: Individual (X)

Public ( )

Installed by Self-Installed

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

Signed: _____

IMPROVEMENTS PERMIT BY D. R. Hinson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-10-84

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