4677-79-5550

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 Abdulrahman A. Al-Adla DATE 7886 PERMIT NO. 393

PHONE: Business _____ Home _____

LOCATION 150 E TL on gravel road before Co. line

S. R. No. _____

SUBDIVISION NAME Powers Estates LOT NO. 21 SECTION OR BLOCK NO. _____

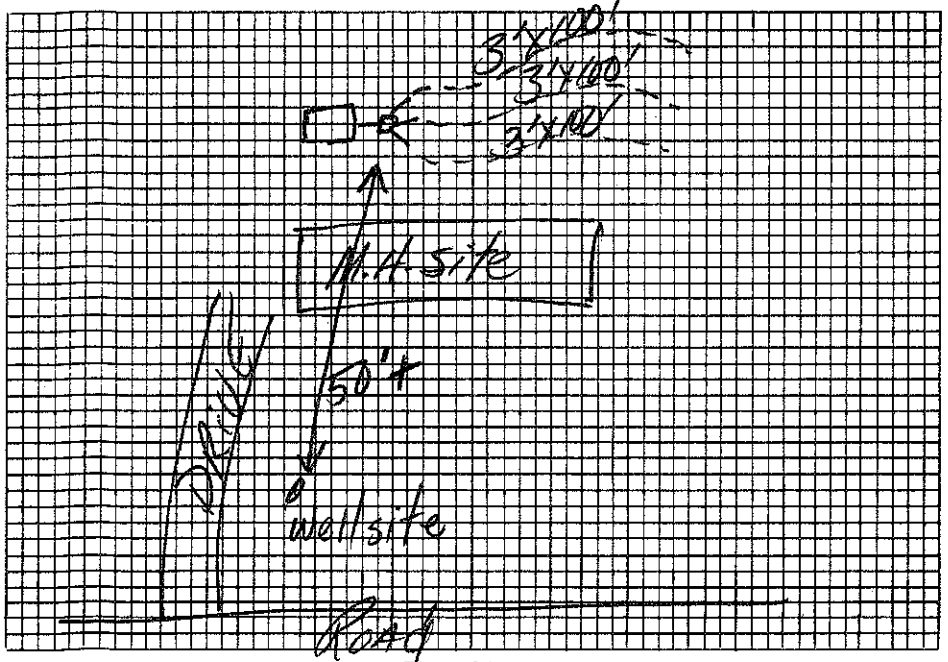
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clay | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 4 mpi | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2-4% | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 4+ | |
| | | | Rock or other impervious formations | none obs. | |

Lot Area 5.2 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 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 Kenneth Clapp

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: Well not down yet.

CERTIFICATE OF COMPLETION BY [signature], R. S. DATE 7-8-86

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