~~4.30~~ 4.00

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 Grady A Atwell DATE 4-17-85 PERMIT NO. 121

PHONE: Business _____ Home _____

LOCATION 801 E TR 2401 (Stoop Road) ½ mile on SR _____ S. R. No. _____

SUBDIVISION NAME Bill Edmunston Prop LOT NO. 10 SECTION OR BLOCK NO. _____

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

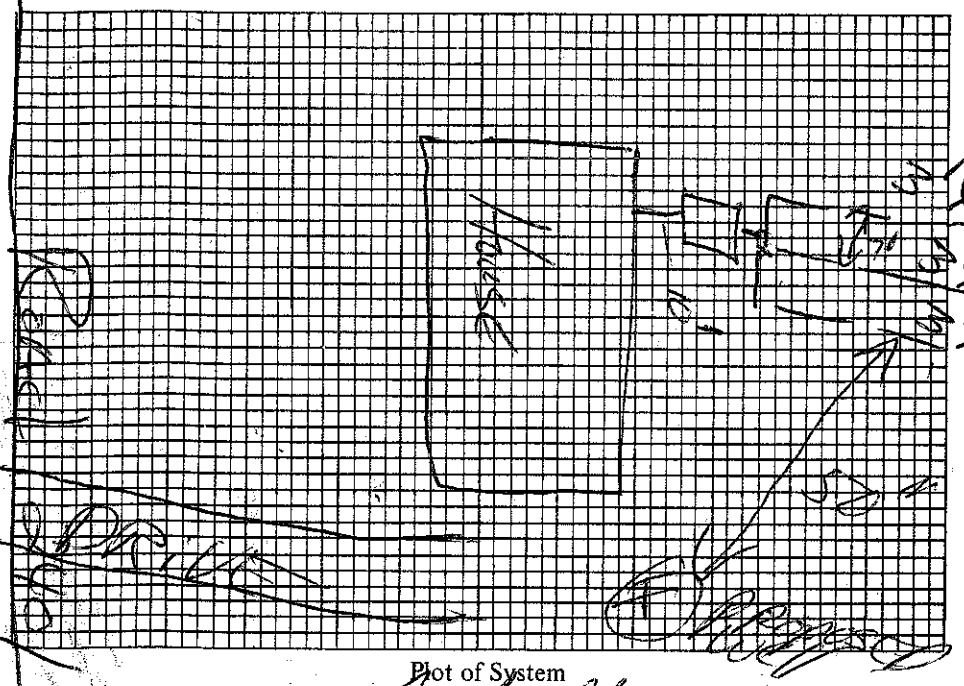
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (X)
Auto. Dishwasher Yes (X) No ( )
Auto. Wash. Machine Yes (X) No ( )
Site Suitable Yes (X) No ( )

Character & Porosity of Soil Clay/Gravelly
Percolation Rate 0-3 Gal/ft²/day
Topography 2-4%
Depth to Water Table _____
Rock or other impervious formations None obs

Lot Area 2.69 Acres

_____ Basement with Plumbing _____ Basement without Plumbing _X_ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 18"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X Grady Atwell

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System Shallow, About 1.5' Cover

CERTIFICATE OF COMPLETION BY _____ DATE _____

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