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 CAROLINA - PACIFIC Co. DATE 8-28-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION F40 west to Old Mtn. Rd. - turn south - 1st hardtop on left (Orlit Drive) - 1st bldg. on (R). S. R. No. _____

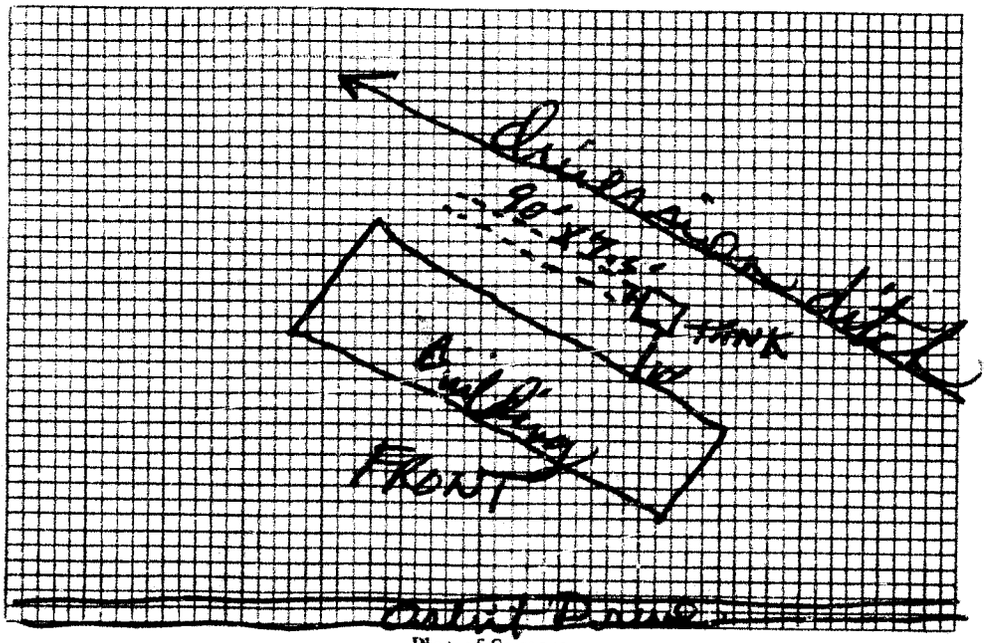
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other Septic tank system designed for 1 bath Fire employees maximum only.

No. Bedrooms — No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area Ample

Character & Porosity of Soil Cecil loam with saprolite.
Percolation Rate .6 gal/sq ft.
Topography 2-6%
Depth to Water Table 10+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals
Nitrification Field:
No. of Lines 2
Sq. Ft. 675 Linear Ft. 200+
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Hallee Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Pipe off downspouts away from septic tank system. Create diversion ditch as shown & seal bank above septic tank system. NO industrial waste to be discharged to this system. If there is, the Certificate of Completion becomes void.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 8-28-81

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