IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

10796

OWNER OR CONTRACTOR Leon Gray DATE 11 28 89 PERMIT NO. 89-A-501

PHONE: Business _____ Home _____

LOCATION Lippard Farm Rd off 901 go 1.5 mi Londis 5 acres
Lot Mason Pond Rd ½ mi on Right S. R. No. _____

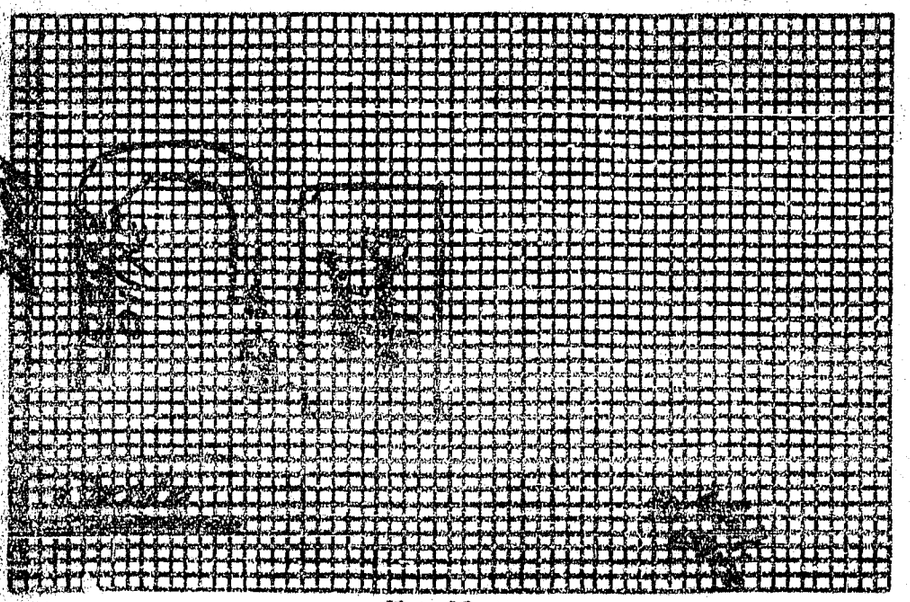
SUBDIVISION NAME Forest Meadows LOT NO. _____ SECTION OR BLOCK NO. _____
Double Wide

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 Yes (✓) No ( )
Lot Area Large

Character & Porosity of Soil Drop suitable
Percolation Rate 5 b/6
Topography Flat
Depth to Water Table 10+
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 240
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by A1 Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 11-28-89

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