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 W. MIKE BARKSDALE DATE 4-7-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION BUFFALO Shoals Rd. - past Kyle's Xing, T.L. on 1430 - 1st paved rd. to left, bear left in circle S. R. No. _____

SUBDIVISION NAME Yates Subdivision - Riverhill Estates LOT NO. 1 SECTION OR BLOCK NO. _____

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

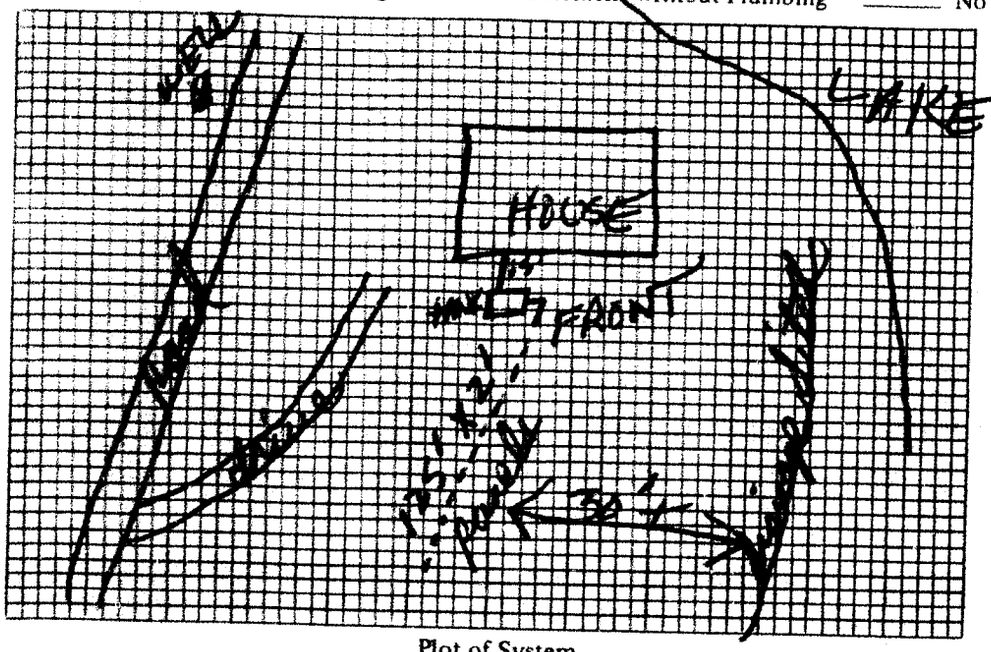
No. Bedrooms 2 No. Bathrooms 2½

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

Lot Area 1 acre

Character & Porosity of Soil parent material
Percolation Rate 1 gal/sq. ft.
Topography 10-20% slope.
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 1250 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

125' + T + J PANEL
12" sand under panels.

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore & Rollin Johnson

COMMENTS: Do not drive or pave over any part of S.T. system. Seed with grass over system. Solids pump to be installed for basement bathroom — tie into S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-7-81

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