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 DON PHILLIPS

PHONE: Business _____ Home _____ DATE 12-12-85 PERMIT NO. _____

LOCATION East Maple Rd. - off old Mtn. Rd. - go 3 miles, cross creek & 1st house on left.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2.5

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 clay loam

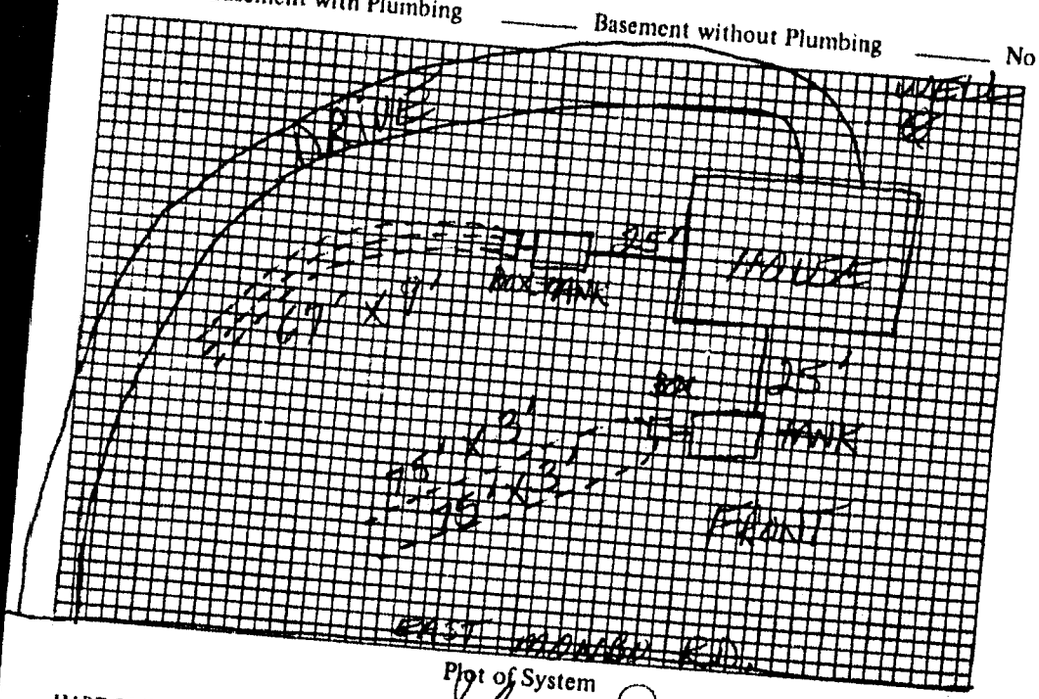
Percolation Rate 60 min/in ft.

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 2, 1000 TANKS Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1053 Linear Ft. 353

Depth of Stone in Lines 12"+

Water Supply: Individual (✓)

Public ( )

Installed by Julian Boles

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 Steve Brown DATE 12-12-85

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