Stsd.
816661

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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 SHERRILL FAW DATE 4-14-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1st left dwy. off Monticello Dr. - circle around back side - 1st on (R) near end. S. R. No. _____

SUBDIVISION NAME TIMBERLANE DEV. LOT NO. 21 SECTION OR BLOCK NO. _____

3509 Timberlane

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 Ample

Character & Porosity of Soil Fair Suitable.

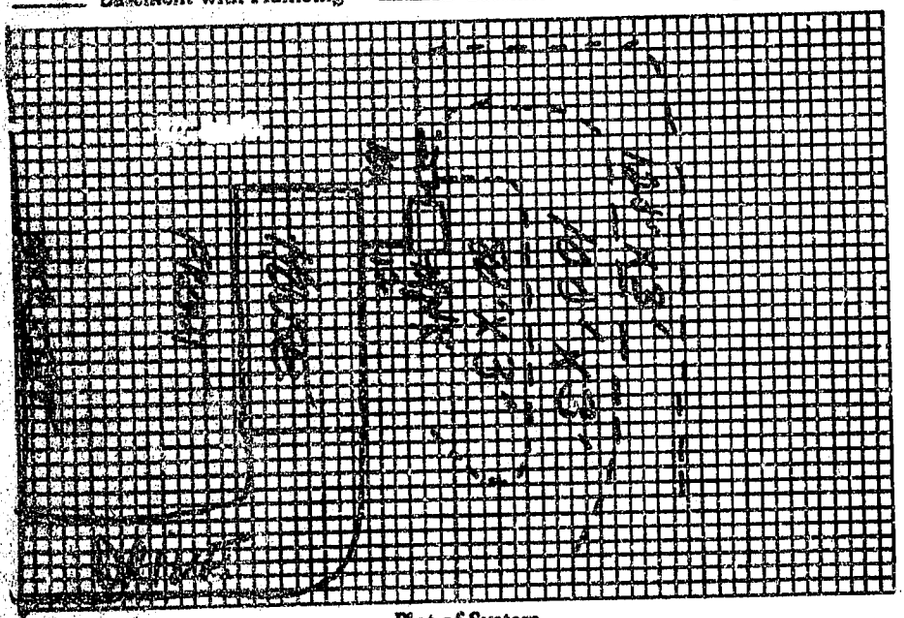
Percolation Rate 4 gal. /sq. ft.

Topography 2-6%

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 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 24

Water Supply: Individual ( )
Public (✓)

Installed by Sterling Church

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

Signed: _____

IMPROVEMENTS PERMIT BY Allen Tate Jr.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Gibson DATE 4-14-87

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