City of Sta.

Thomas J. White

# 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 Acorn Bldg Co for Thomas White DATE 7-5-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Monticello Dr.

SUBDIVISION NAME Timberlane LOT NO. #27 S. R. No. _____ SECTION OR BLOCK NO. _____

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 19.55

Character & Porosity of Soil Red Clay Loam

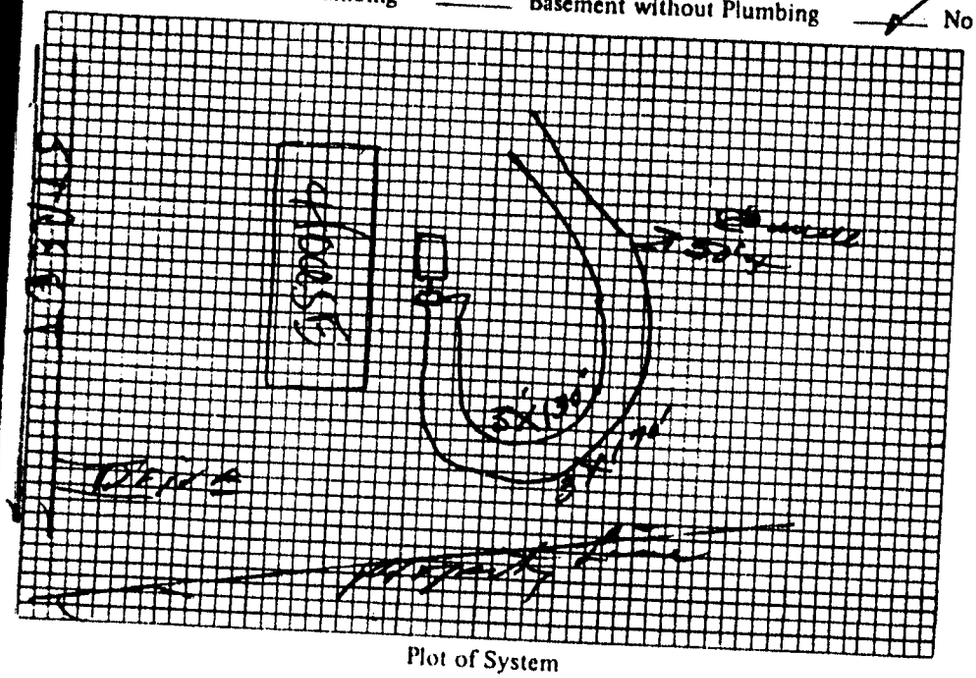
Percolation Rate Good

Topography Gentle 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 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300 or

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public ( ✓ )

Installed by Kenneth Griffin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Dug down for Crawlspace – Drainfield to go

CERTIFICATE OF COMPLETION BY Steve Todd DATE 9/5/85

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