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 CUSTOM KITCHENS, INC. DATE 4-21-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION St. park Rd. - off Perth Church Rd., go to 2nd ST. Rd. on left (1475) follow on to end (loop) lot on left. S. R. No. 1475

SUBDIVISION NAME Allison Acres #1 LOT NO. 14 SECTION OR BLOCK NO. _____

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

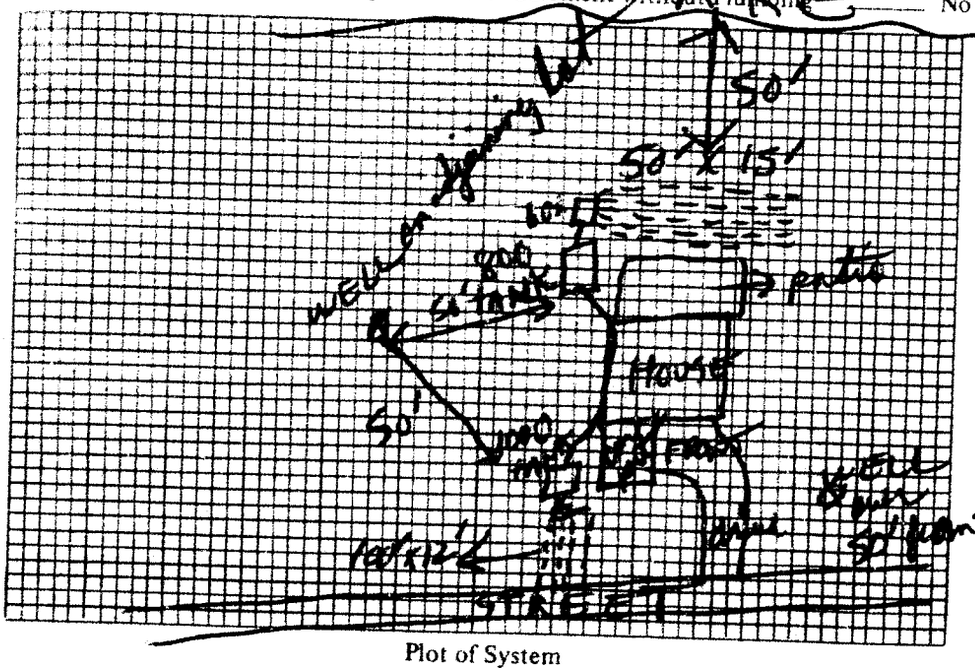
No. Bedrooms 3 No. Bathrooms 2.5

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 tight clay (plastic)
Percolation Rate 120 min.
Topography 6-10%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

SPLIT SYSTEM

Size of Tank 800 + 1000 Gals.
Nitrification Field:
No. of Lines 9
Sq. Ft. 750 + 120 Linear Ft. 652
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Eddie Younts + Son

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: It will be necessary to cut a diversion ditch above S.T. septic in front yard to divert water from downspouts coming from adjoining house. Landscape over S.T. drain lines in order to facilitate surface water drainage.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-21-81

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