06472

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 ANDY ANDERSON DATE 5-1-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION State Park Rd. - off Perth Rd. - T.L. on Lockhart Circle, go to fork of bear R. - house down on (L).

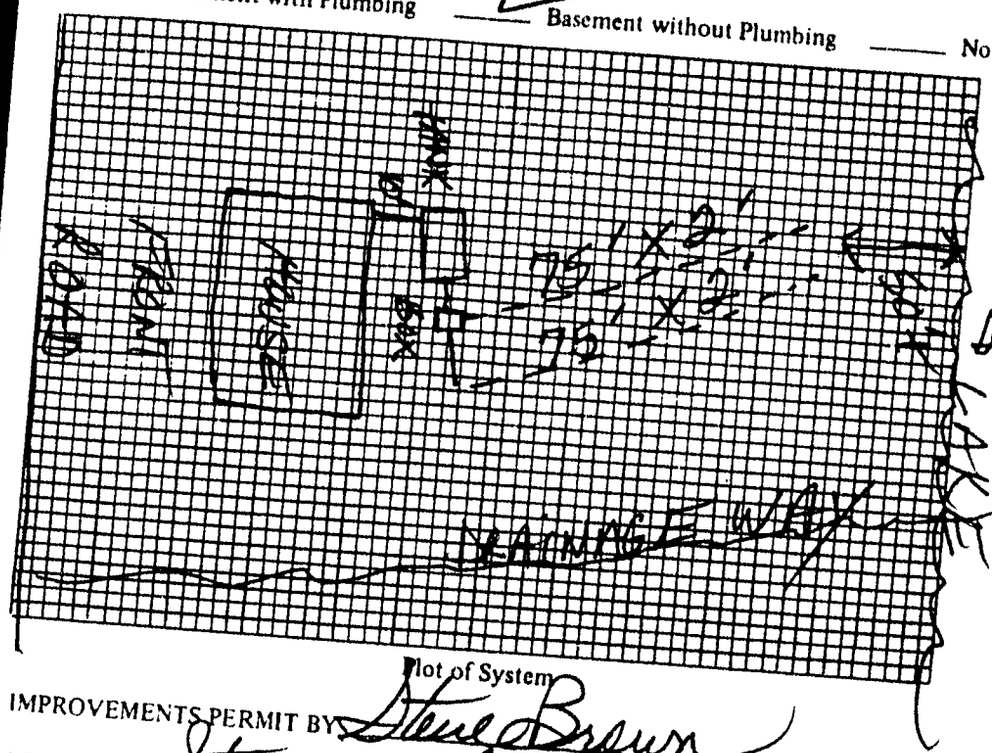
SUBDIVISION NAME ALLISON ACRES LOT NO. 26 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Loam Suitable.
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 4 gal./sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 18+
Lot Area Ample			Rock or other impervious formations none observed.

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 280 Linear Ft. 140
Depth of Stone in Lines 12" sand under

Water Supply: Individual (✓) Public ( )

Install 16" T&J Panel System.

Installed by _____

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

Signed: Phillip R Anderson

IMPROVEMENTS PERMIT BY Steve Braun

COMMENTS: Stay on grade with drain lines. Stay at least 50' from high water mark of Lake. Do not disturb area where S.T. system is laid out. Keep well at least 50' from S.T. system. Keep tank at least 15' from property line.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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