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 Jerry Barnes DATE 1-5-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1/5 N. T R on SR 1910 (Red Chimney Rd) to SR 1907 - TR 2nd Drive Way (GILBERT Dec. WESTON) Thru. Yard Back in Wooded Area S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

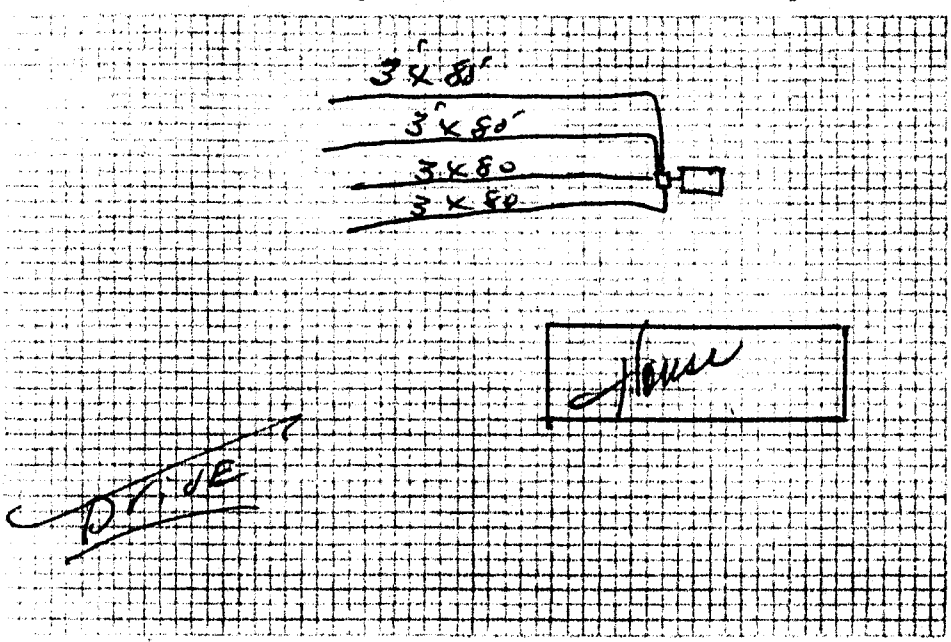
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Lloyd. Por. Suitable
Percolation Rate .4 Sat. Appl.
Topography 2-6 Rolling
Depth to Water Table 12"
Rock or other impervious formations None

Lot Area 2.15

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 520
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Jerry Barnes

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

Signed: _____

IMPROVEMENTS PERMIT BY [illegible] J. & M. Mathews

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 1/5/84

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