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IREDELL COUNTY HEALTH DEPARTMENT

1100

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Barnette DATE 9-23-86 PERMIT NO. 398

PHONE: Business _____ Home _____

LOCATION 115-21 N. TL 1312 TL 1316 2nd on left

S. R. No. _____

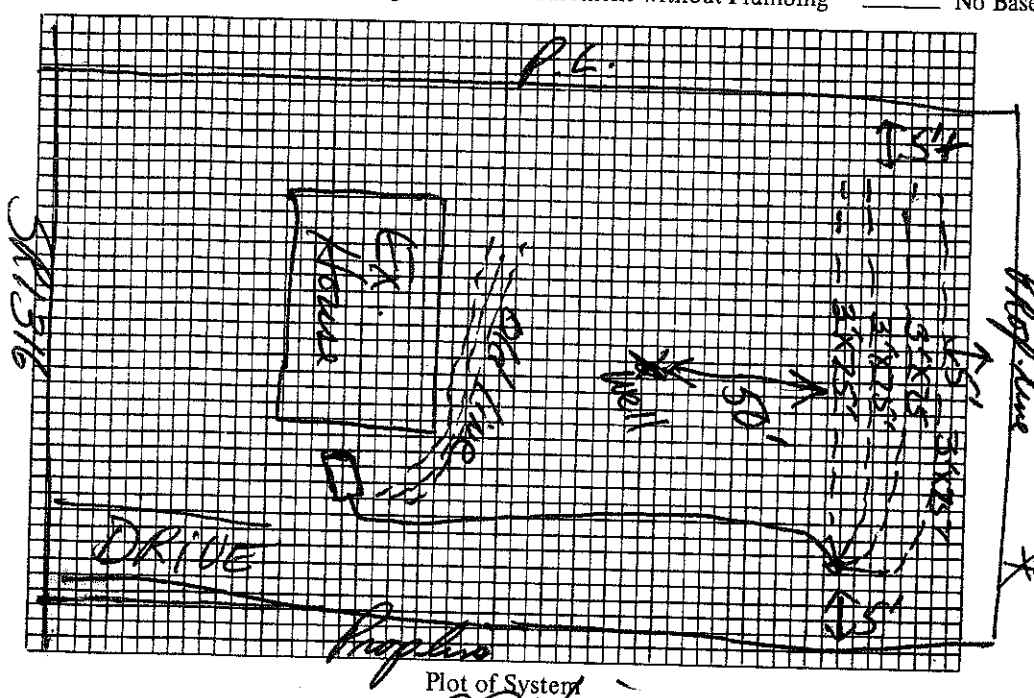
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'4"	
Lot Area ~20000 ft²			Rock or other impervious formations	scattered rock to 12"	

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 100 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: Kathryn L Barnett

IMPROVEMENTS PERMIT BY D R Henson, RS

COMMENTS: Pump existing tank; check for tee, replace if necessary; Use 4" Sch 40 PVC to area 50' from well and 5' from property line and set new D-box to feed new drainfield. Abandon old drainfield and remove section too close to foundation.

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