03440

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 Jarry Jenkins DATE 10-23-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TR on Jane Somers TR Little John RD House on left.

SUBDIVISION NAME Sherwood Forest LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

Character & Porosity of Soil Clayey

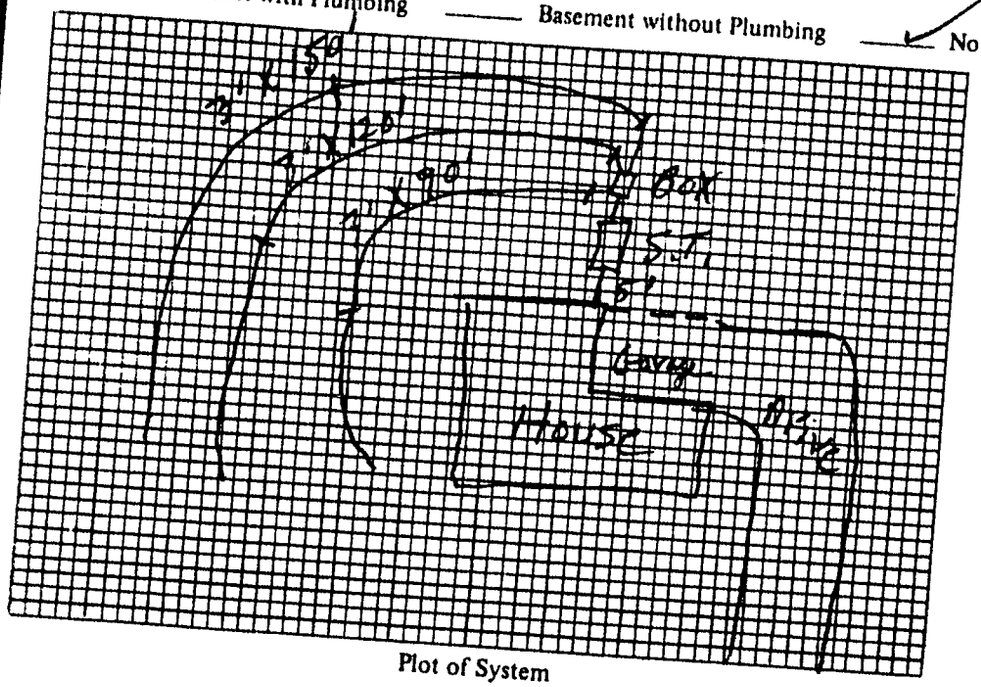
Percolation Rate 45

Topography 2 to 6%

Depth to Water Table 10 ft

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Harry Reep

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10-23-85

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