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 Don Keatley DATE 11-27-90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N TR on Jane Sowers on left at Robin Hood Loop S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Clayey
Percolation Rate 1 4 2 to 120
Topography Sloping
Depth to Water Table 10'
Rock or other impervious formations none

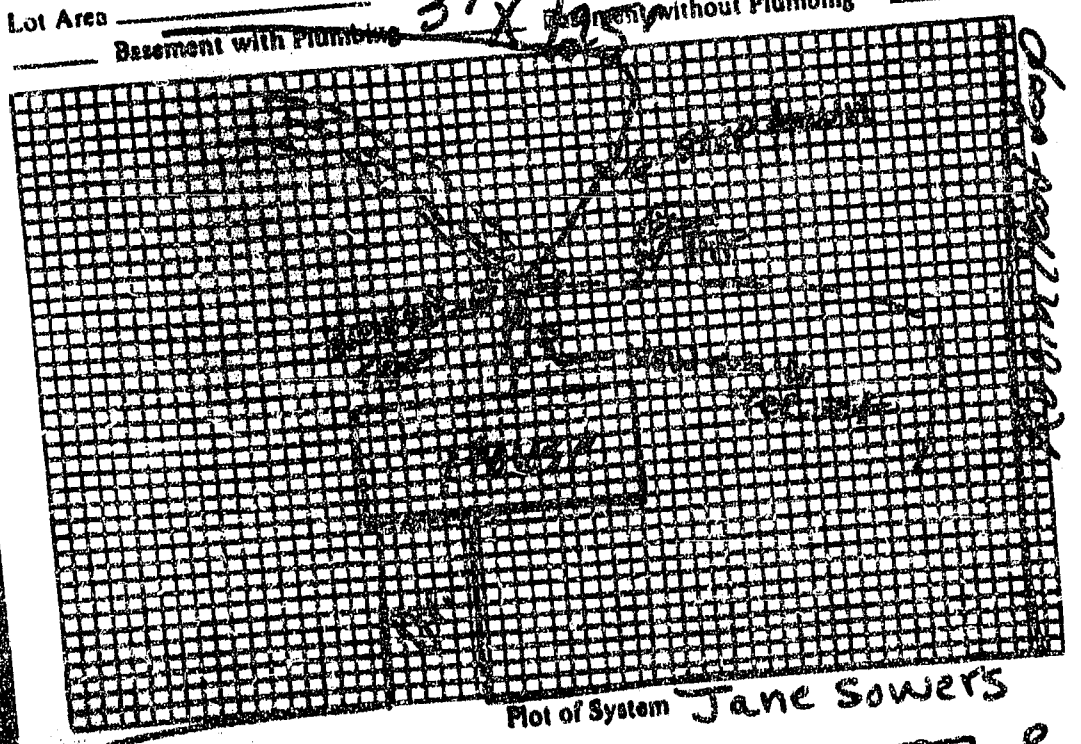
Lot Area _____ Basement with Plumbing 31 x 45 Basement without Plumbing _____ No Basement

Size of Tank EX. Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
+ 20 Ton Pit

Installed by James Hudler

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

Signed: _____



Plot of System Jane Sowers

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 11-27-90

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