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08 SEPT

# 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 Charles J. Riddle DATE 8-18-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 2375 (Houston Rd.) TL. 2376 (Dunwoody) ~ 1/4 mi on Right. S. R. No. _____

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

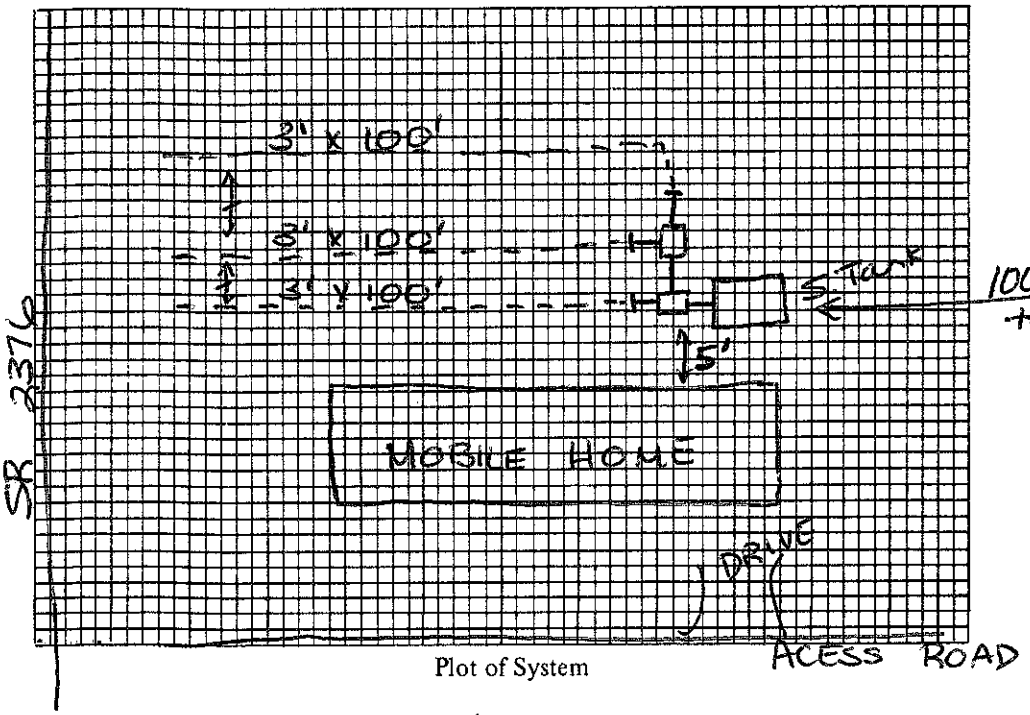
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clay | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | ~.4 | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2-6% | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 4'+ | |
| | | | Rock or other impervious formations | None observed | |

Lot Area 29000ft²+

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Huddle

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew C Owen DATE 8-18-87

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