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 Sherrill Faw DATE 8-3-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70E TR on Bethesda Rd 1/4mi on L

SUBDIVISION NAME R.V. miller Property LOT NO. 19 SECTION OR BLOCK NO. _____

S. R. No. _____

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

Job 141

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 22,000 SF

Character & Porosity of Soil Clay loam Class III

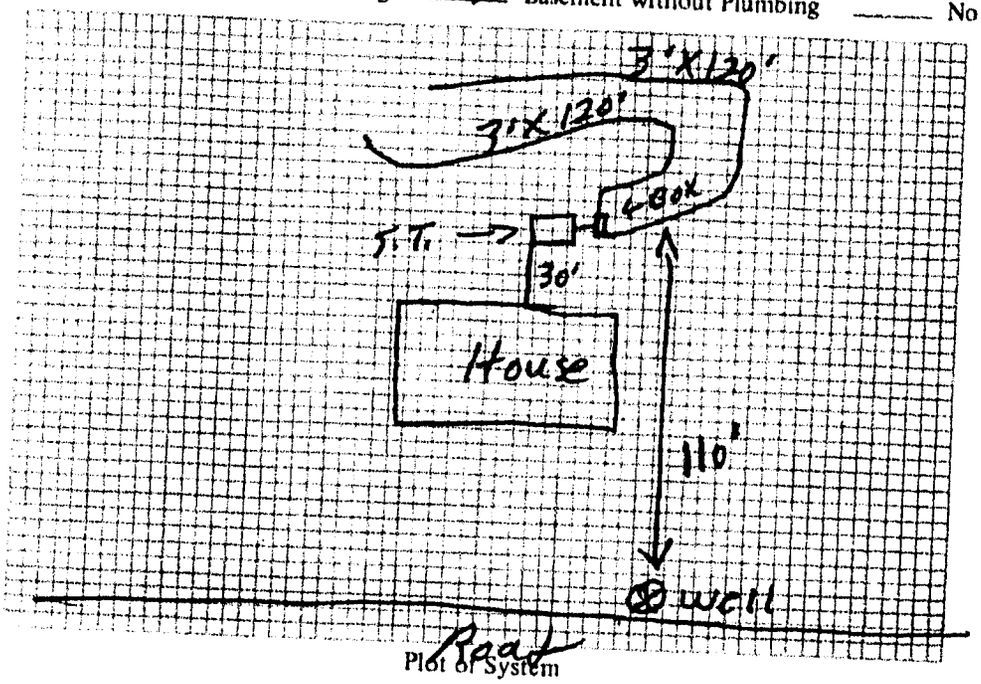
Percolation Rate .5 Sal 1st 6 Hrs

Topography 2 to 6%

Depth to Water Table 10' +

Rock or other impervious formations None

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual (✓)

Public ( )

Installed by (Jack Stroud) Sherrill Faw

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: J. C. Moore DATE 8-3-83

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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