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 Jim Thabet DATE 2-24-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hy. West - T.R. on Bethesda Rd. - 3/8 mi. on Rt. _____ S. R. No. _____

SUBDIVISION NAME WAYSIDE ESTATES LOT NO. 24 SECTION OR BLOCK NO. _____

Dbl. Wide

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clayey.

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate Fast, 1 in. 4 min.

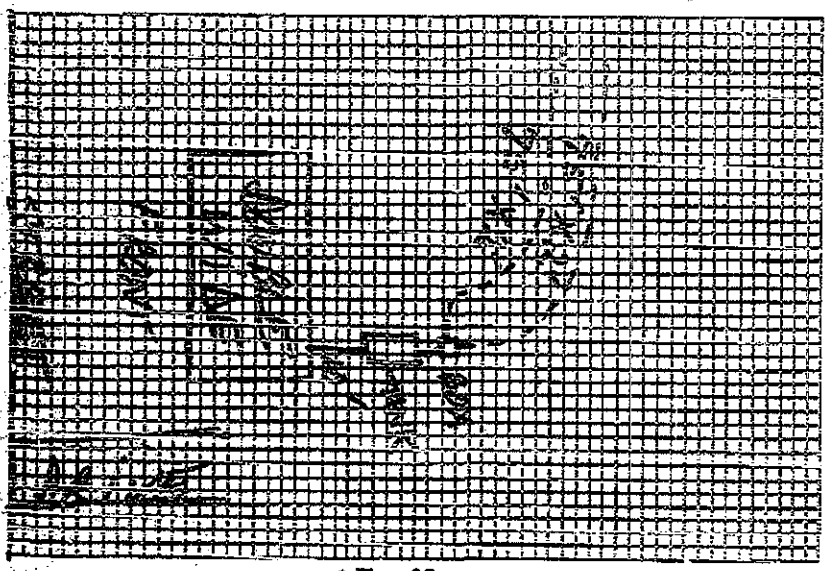
Auto. Dishwasher Yes ( ) No (✓) Topography Level

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10'+

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

Lot Area 22,000 sq. ft.

_____ Basement with Plumbing _____ Basement without Plumbing 1 ~~No Basement~~



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 150

Depth of Stone in Lines 12" Bed.

Water Supply: Individual ( )

Public (✓)

150' of 4" T+J Perforated.

Installed by Darrell Baker

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Mason

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 2-24-87

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

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