T & T Company

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 12-29-86 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Wayside Estates Lot 29

____ S. R. No. ____

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

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area .73 acres

Character & Porosity of Soil Clayey

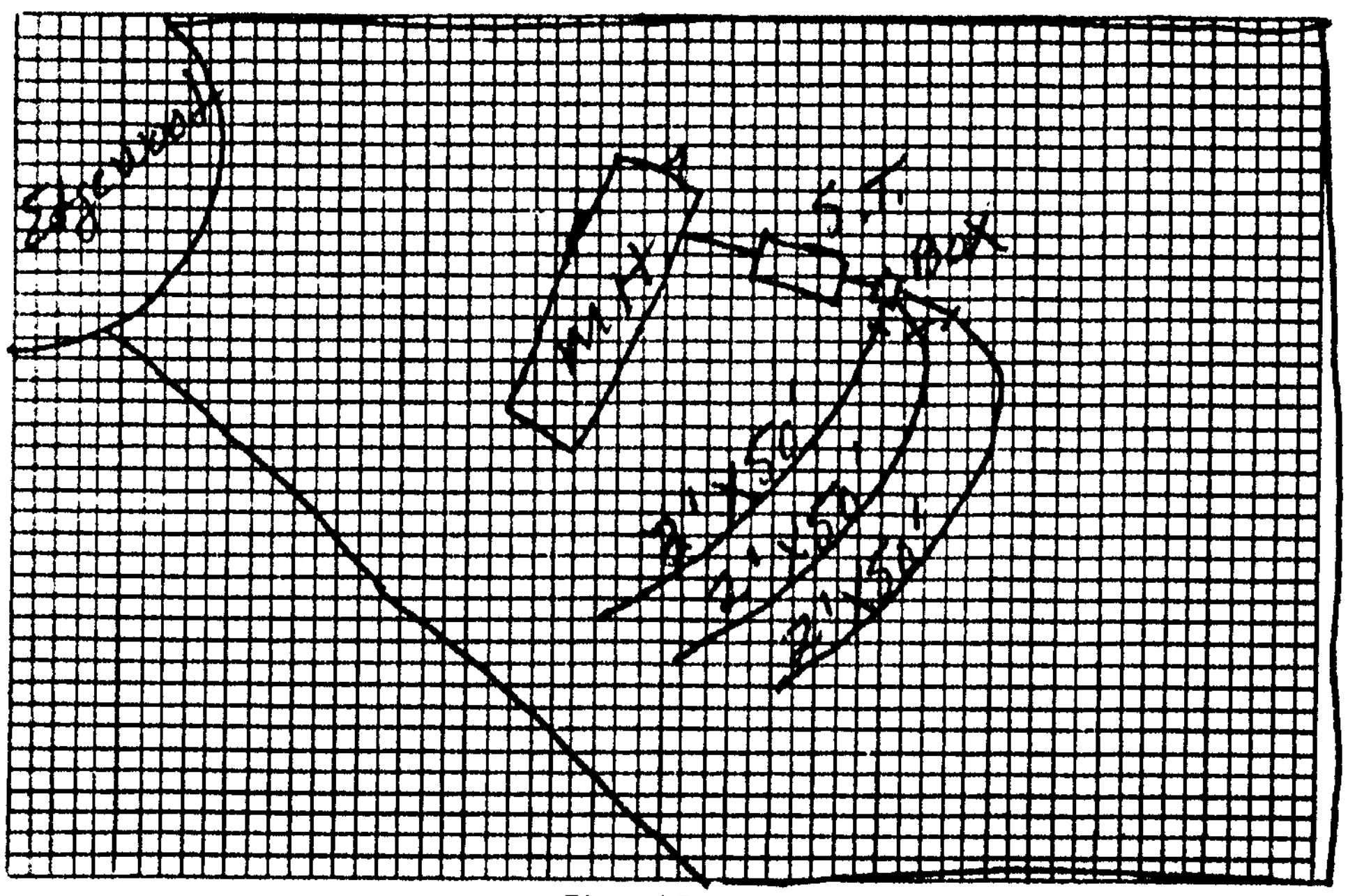
Percolation Rate .4

Topography 2to6%

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 ____

Sq. Ft. ____ Linear Ft. ____

Depth of Stone in Lines ____

Water Supply: Individual ( )

Public ( )

150' 16" T+J Panel

Installed by Donald Lackey

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

Signed: ____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Do not place buildings driveways or plant trees in area of drain lines area should be landscaped smooth + grassed

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-29-86

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