IREDELL COUNTY HEALTH DEPARTMENT

07604 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jack Borders DATE 5 20 88 PERMIT NO.

PHONE: Business Home

LOCATION 64G In on Alexhill Rd IR on Oak Haven
East ½ Mi on left S. R. No.

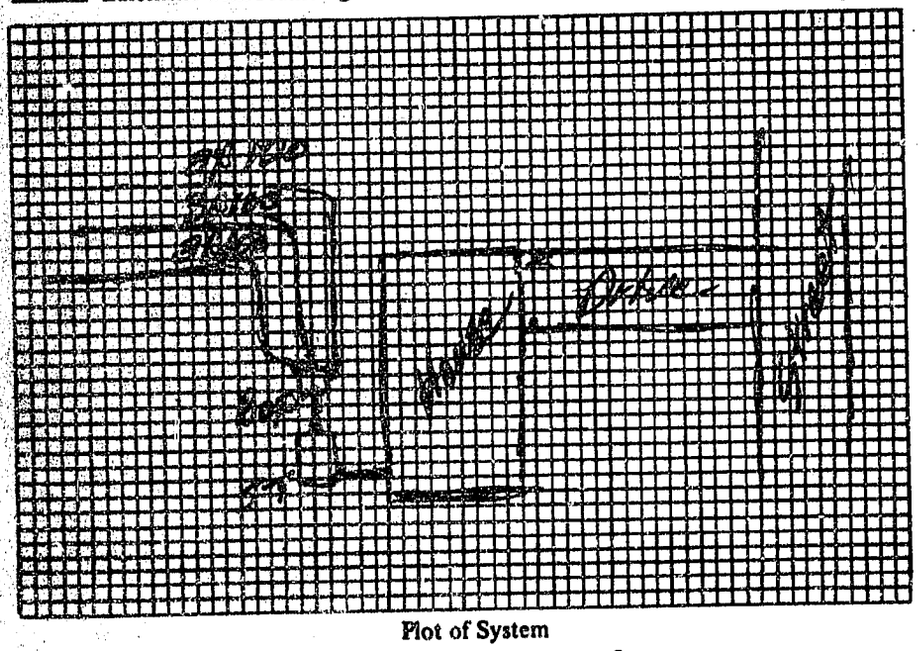
SUBDIVISION NAME Country Woods LOT NO. 96 SECTION OR BLOCK NO.

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

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 20000 sq ft approx

Character & Porosity of Soil Clayey
Percolation Rate 16
Topography 2 to 7%
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 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Eddie Yantz + Son

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

Signed: _____

IMPROVEMENTS PERMIT BY Jack Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Dist Weaver + JC Moore DATE 5 20 88

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