1-2-00

09267

# 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 Thomas E. White DATE Dec. 2, 99 PERMIT NO. 19.A

PHONE: Business _____ Home _____

LOCATION 115-21 N. TR 2383 (Shumicklet Rd) X Creek on Louis on Rft S. R. No. _____

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

4J-A-45 of Barbour

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

No. Bedrooms 2 No. Bathrooms 1

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | |
| Auto. Dishwasher | Yes ( ) | No (✓) | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | |
| Site Sample | Yes (✓) | No ( ) | |

Character & Porosity of Soil clay

Percolation Rate 2, 4

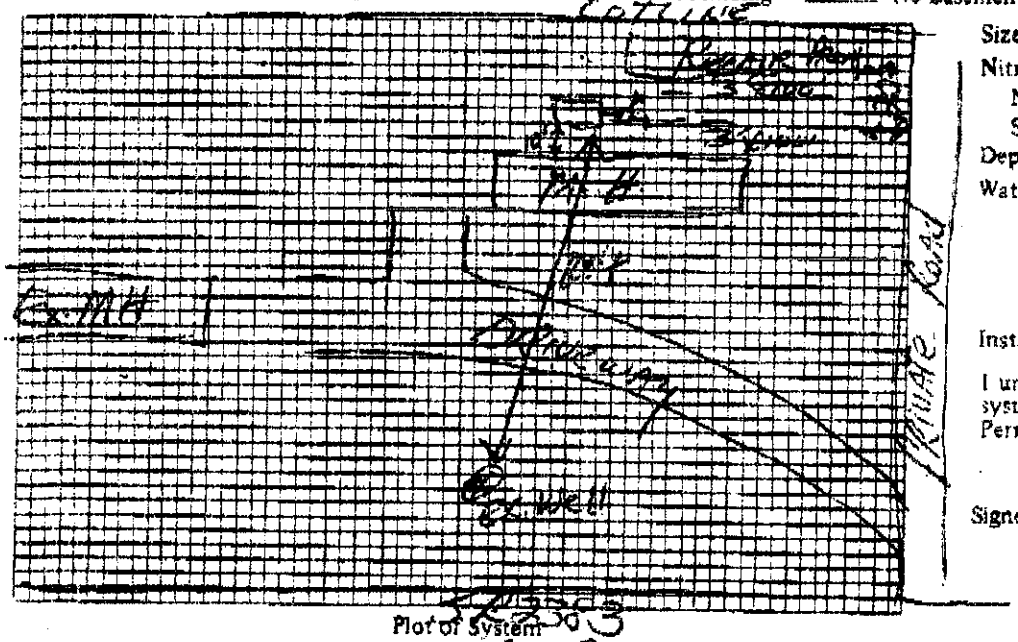
Topography 2-4%

Depth to Water Table 4+

Rock or other impervious formations none est.

Lot Area 1 Acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 602 Linear Ft. 200

Depth of Stone in Lines 21

Water Supply: Individual (✓)

Public ( )

Installed by Tim Smith
Cedarwood Septic Service

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS _____

RTIFICATE OF COMPLETION BY _____ DATE 12-2-99

TING SYSTEM CHECKED BY: _____ DATE _____

ONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

'OID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
s Permit.

lth Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold