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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 Marlene Beaver DATE 8-18-89 PERMIT NO. 5EA223

PHONE: Business ________ Home ________

LOCATION 510 E TR Triplett Rd on Rt Past Rowan Rd S. R. No. ________

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

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

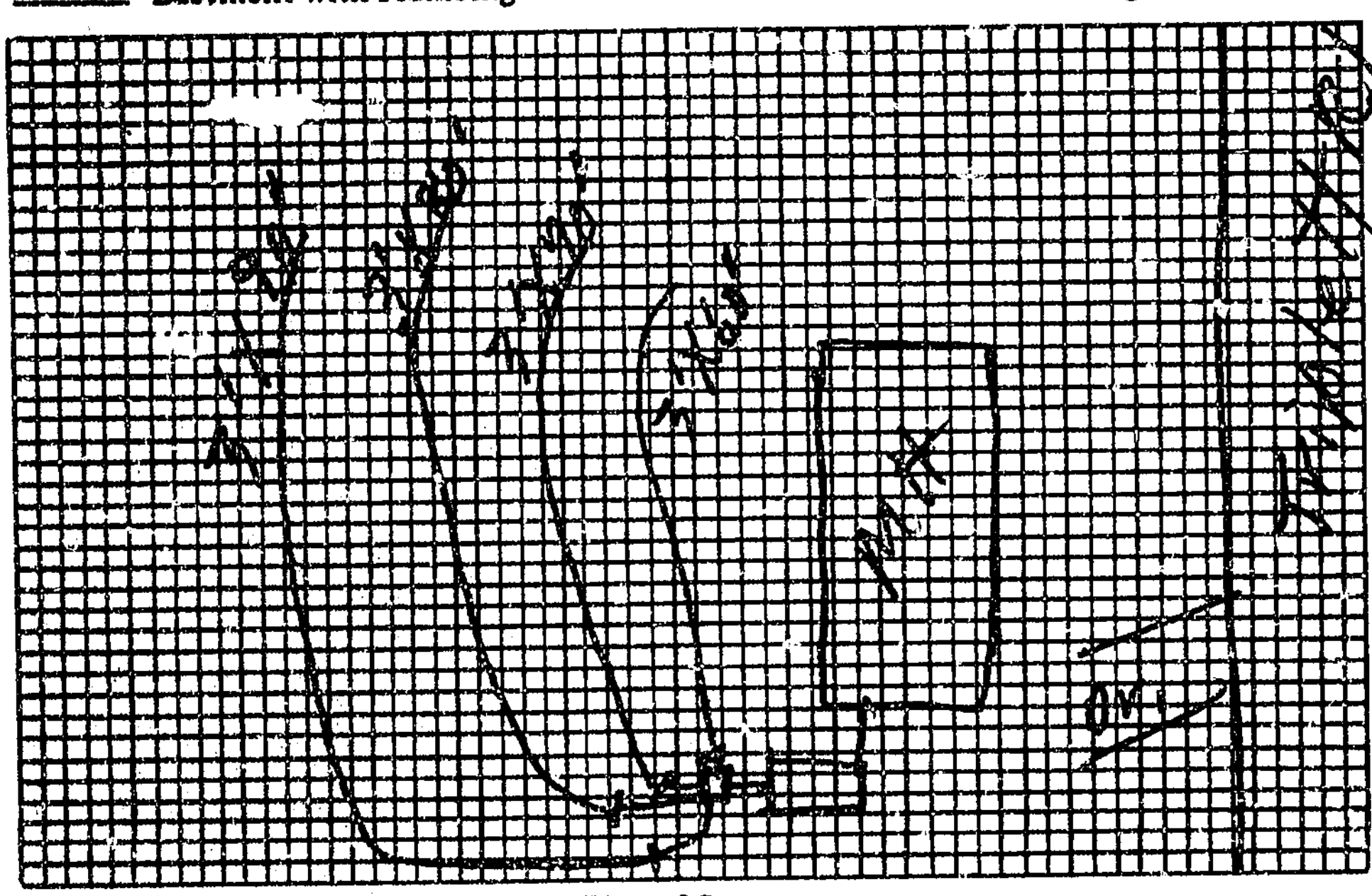
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)		
Auto. Dishwasher	Yes (✓)	No ( )		
Auto. Wash. Machine	Yes (✓)	No ( )		
Site Suitable	Yes (✓)	No ( )		

Character & Porosity of Soil Clayey
Percolation Rate 14
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 100' X 200'

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
well next door

Installed by William Cuthbertson

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

Signed: ________

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ________

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 8-18-89

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