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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)

DATE 3-27-90 PERMIT NO. SN-A-3

OWNER OR CONTRACTOR Jimmy PATRUM

PHONE: Business _____ Home _____

LOCATION Hwy 64E - T.R. on New Salem Rd. go 1 mi. T.R. on gravel drive - go 3rd 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 30 Min. per Inch

Topography Rolling

Depth to Water Table 10+

Rock or other impervious formations None observed

Lot Area 9.19 acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

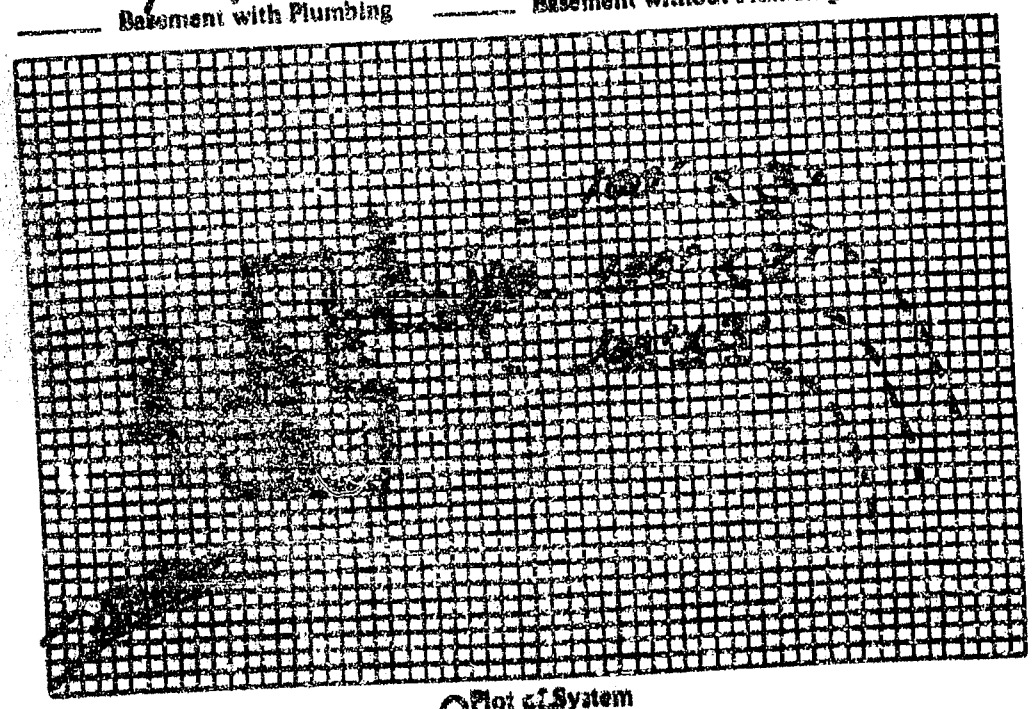
No. of Lines 3

Sq. Ft. 450 Lineal Ft. 300

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by Donald Lackey

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 5-22-90

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