1352-14

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 Jack Hudson DATE 10/23/91 PERMIT NO. 86-A-11

PHONE: Business _____ Home _____

LOCATION I40W, Rt on Sharon School, LF on Hudson to End, Rt on Drive to MH ≈ 600' off road. S. R. No. _____

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

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 Suitable	Yes (✓)	No	( )

Character & Porosity of Soil Fine Suitable

Percolation Rate 3,4 gpd/ft2

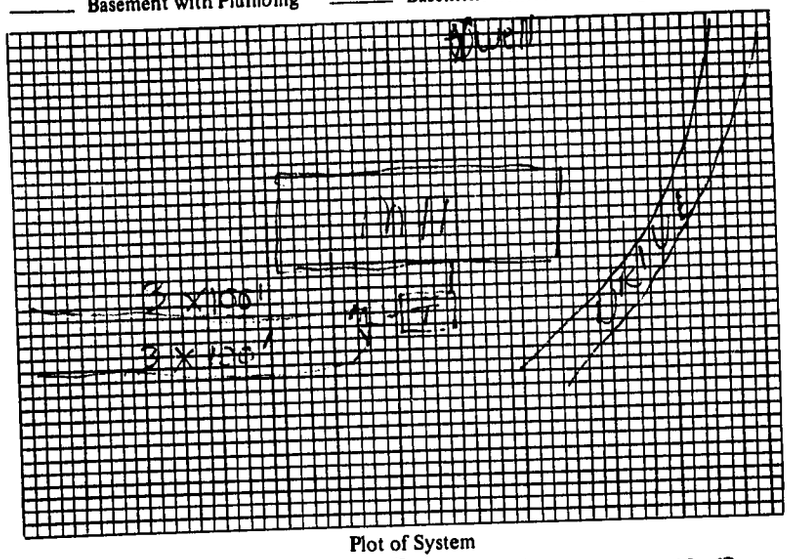
Topography 2-6%

Depth to Water Table 4'+

Rock or other impervious formations None Noted

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing L No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓) on site

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown, PE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10/23/91

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