IREDELL COUNTY HEALTH DEPARTMENT

12864 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR BRYANT WAUGH DATE 7/1/91 PERMIT NO. 8V-A-33E

PHONE: Business _____ Home _____

LOCATION I-40 W, TR OLD MTN. RD, TL NEW STERLING CH RD, TR LINDEN LOOP, TR BOLICK RD, CROSS CREEK 60 1/4 MI TO TOP OF HILL No. TL

SUBDIVISION NAME GRAVEL ST, 1ST MH ON (L) LOT NO. BACK OF RAOD SECTION OR BLOCK NO. 1

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

No. Bedrooms 2 No. Bathrooms 1

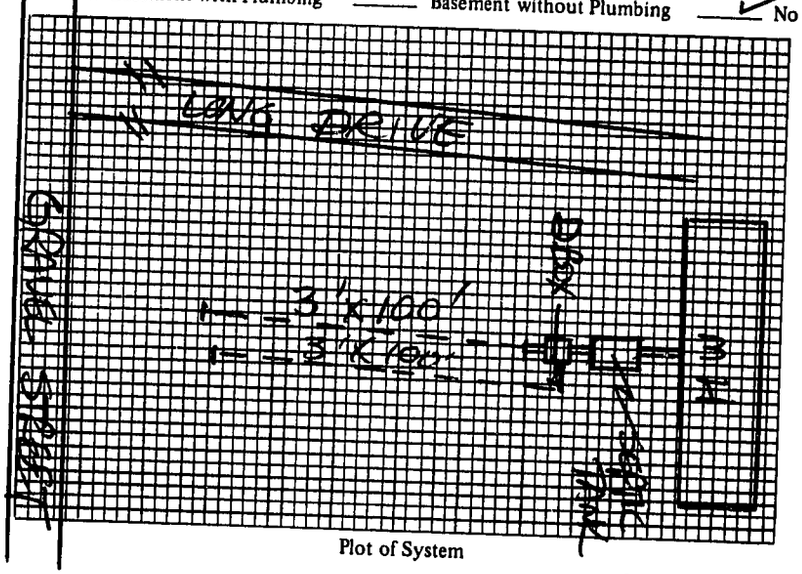
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 10.96 AC

Character & Porosity of Soil PS
Percolation Rate .4 GPD/FT
Topography 2-6% 2,3
Depth to Water Table >4'
Rock or other impervious formations NONE

ACP 5/7/91

( ) Basement with Plumbing ( ) Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/1/91

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