11736.

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 MAGDALENE CAIN DATE 1-30-91. PERMIT NO 8W-A-5A.

PHONE: Business ______ Home ______

LOCATION I40W-T.R. on Old Mtn. Rd.-T.L. on Cain Rd. (just before Alex. line) T.R. on drive at 1st MH on (R). - House back off rd. S. R. No. ______

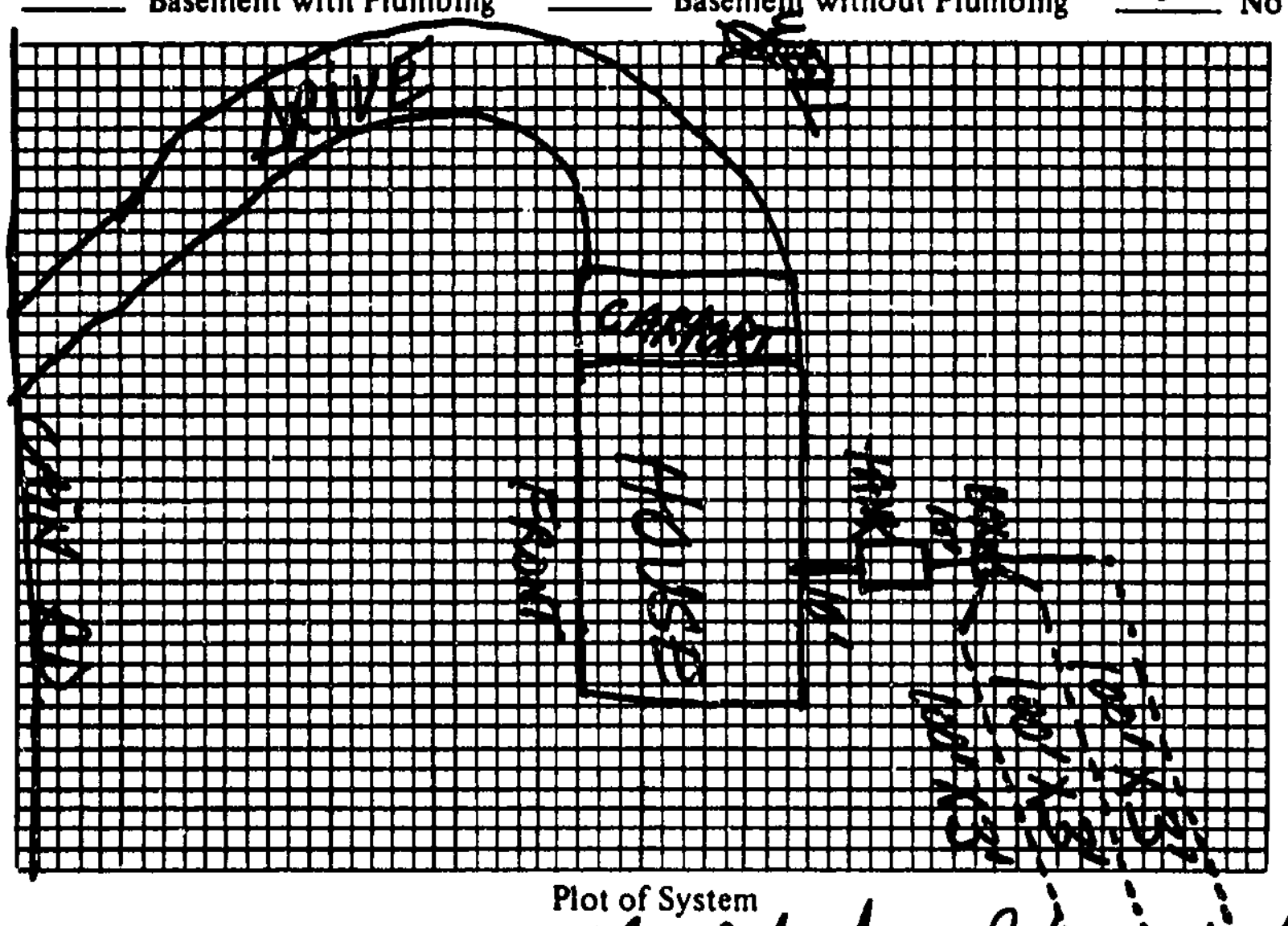
SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

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

No. Bedrooms 3	No. Bathrooms 1.5			Character & Porosity of Soil Clayey.
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate [illegible]
Auto. Dishwasher	Yes ( )	No (✓)		Topography 2-4%
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table 18+
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations none observed.

Lot Area ~ 2acres.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Charlie Bryce

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

Signed: ______

IMPROVEMENTS PERMIT BY Kelly Sheeks + Steve Hedrick.

COMMENTS: ______

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-30-91.

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