10971.

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 TINA HEFNER DATE 3-1-90 PERMIT NO. 90-58-7

PHONE: Business _____ Home _____

LOCATION Hwy 21 N to Jerusalem Rd. off on left. Rd. go approx. 2½ miles on (R) 5th driveway on left.

S. R. No. _____

SUBDIVISION NAME HOKELAND HEIGHTS. LOT NO. 7. SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) DOUBLEWIDE 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 ( )

Lot Area Ample.

Character & Porosity of Soil Prev. Suitable.

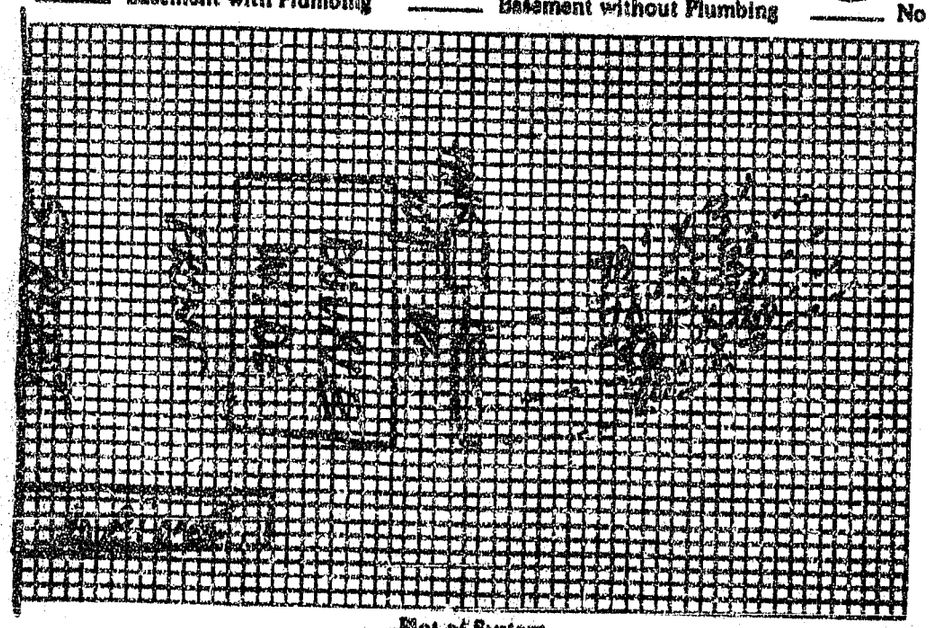
Percolation Rate Prev. Tested.

Topography 2-15% Slope

Depth to Water Table 18+

Rock or other impervious formations None Encountered.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field 4

No. of Lines 4

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Cliffie Farmer

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 Brown DATE 3-1-90

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