10111

IREDELL COUNTY HEALTH DEPARTMENT 4645.54-2680

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

OWNER OR CONTRACTOR Chris Tyerly DATE March 2, '90 PERMIT NO. 2H-18-A-2

PHONE: Business _____ Home _____

LOCATION 21 S. X I77 TL 1206 (Alcove) TR Wades Way ~100 on Right S. R. No. _____

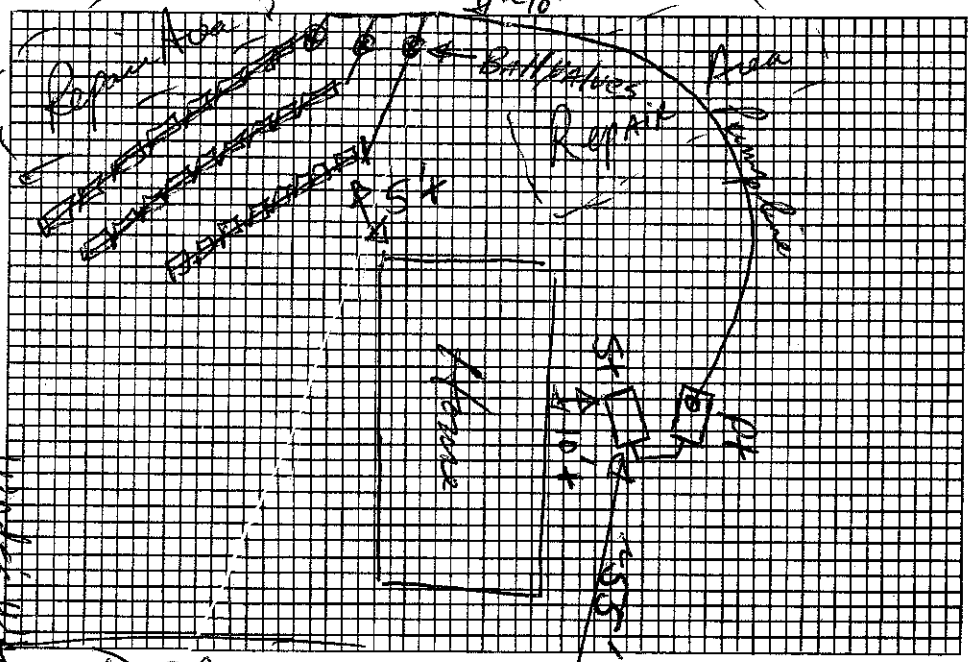
SUBDIVISION NAME Shady Grove LOT NO. 2 SECTION OR BLOCK NO. _____

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~~ PS Yes (✓) No ( )
Lot Area 2 1/2 AC. Lot Line

Character & Porosity of Soil Drainfield Area PS clay
Percolation Rate 2 & 3
Topography 6-10%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'+
Depth of Stone in Lines 16" T+J
Water Supply: Individual (✓) panels
Public ( ) p-d.

Installed by F J Emin

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

Alarm tested on site & working, but not mounted.

Operation Permit

CERTIFICATE OF COMPLETION BY David R Hunsucker, EHS DATE March 2, '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