IREDELL COUNTY HEALTH DEPARTMENT 4645947973

13428

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

OWNER OR CONTRACTOR Lewis F. Erwin DATE 9/27/91 PERMIT NO. 2H-3-A-6(116)

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Longtree) TL Mt Mourne Loop on left S. R. No. _____

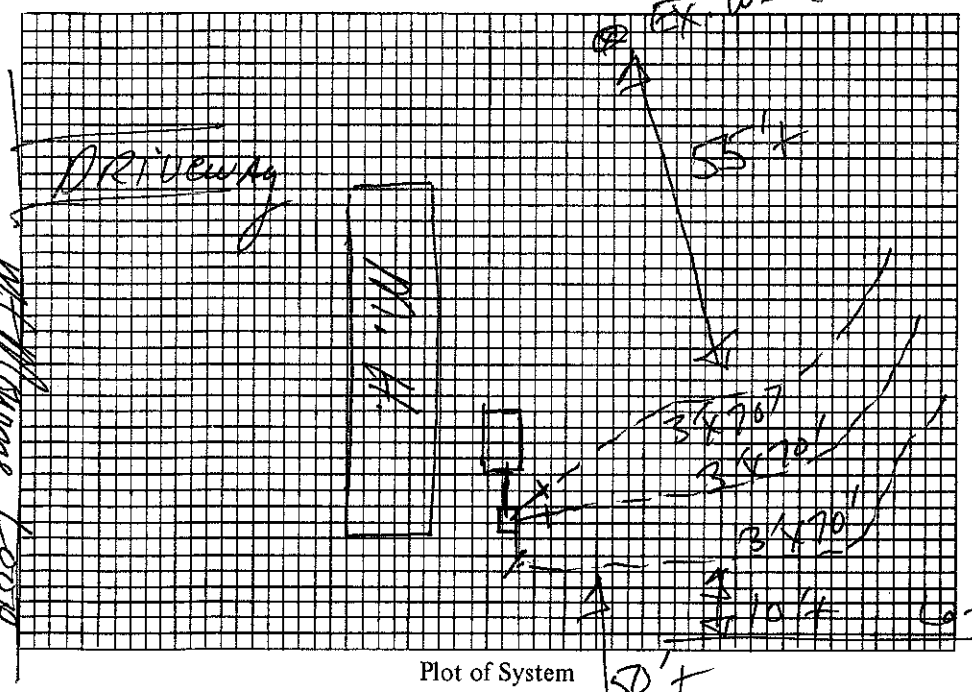
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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~~ RS Yes (✓) No ( )
Lot Area 20,000 sq ft

Character & Porosity of Soil LS clay
Percolation Rate .3-.4
Topography 2-4%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by D Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY AWS AWS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D R Hinson, RS. DATE 9-27-91

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