IREDELL COUNTY HEALTH DEPARTMENT 4654284654

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

OWNER OR CONTRACTOR Flora Brown DATE 2/22/91 PERMIT NO. ———

PHONE: Business ——— Home ———

LOCATION 115 S, 2nd house on left past SR 1137 (Midway Lake Rd) intersection

S. R. No. ———

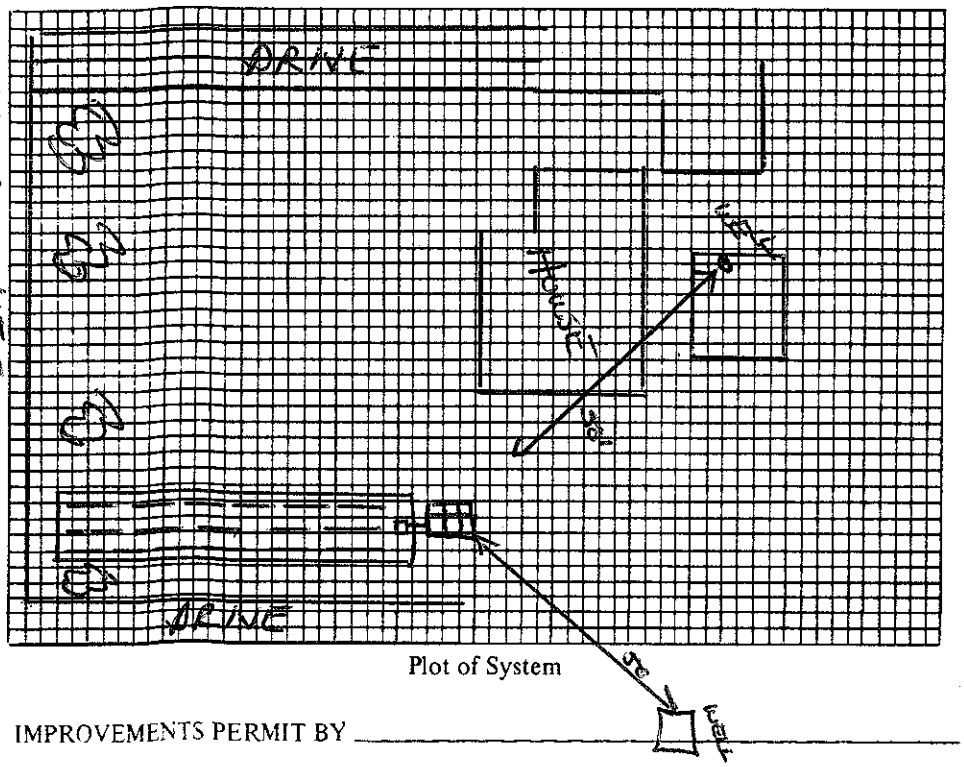
SUBDIVISION NAME ——— LOT NO. ——— SECTION OR BLOCK NO. ———

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

No. Bedrooms 2 No. Bathrooms ———
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area Existing

Character & Porosity of Soil Clay
Percolation Rate .4
Topography 2%
Depth to Water Table 36"
Rock or other impervious formations None found

——— Basement with Plumbing ——— Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING 800 Gals.
Nitrification Field:
No. of Lines 4 @ 50
Sq. Ft. 200 Linear Ft. 200
Depth of Stone in Lines 13"
Water Supply: Individual (✓)
Public ( )

Installed by FT Ewin

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

Signed: ———

IMPROVEMENTS PERMIT BY ———

COMMENTS: ———

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 2/22/91

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