10451

PIN# 4655-80-5928

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 Scott & Vickie Hollingsworth DATE April 6, '90 PERMIT NO. IC-9-A-15

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1137 (Midway Lake Rd) TR Beracah Place at end on left S. R. No. _____

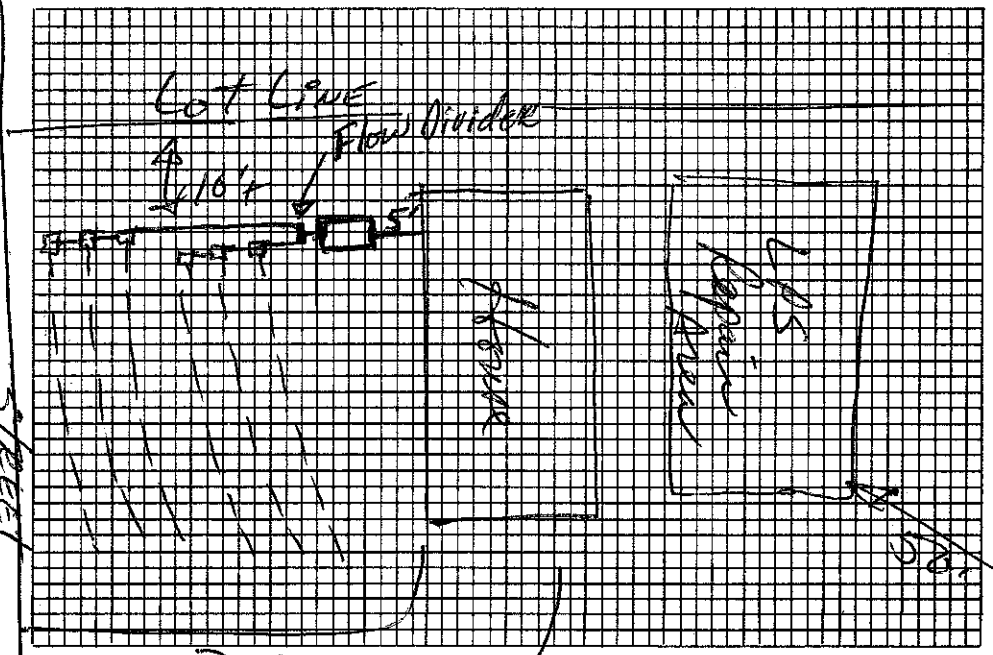
SUBDIVISION NAME Beracah Place LOT NO. 15 SECTION OR BLOCK NO. _____

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

No. Bedrooms 4	No. Bathrooms 2½	Character & Porosity of Soil	PS clay
Garbage Disposal Unit	Yes (✓) No ( )	Percolation Rate	3-4
Auto. Dishwasher	Yes (✓) No ( )	Topography	4-6%
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	4' +
Site Suitable PS	Yes (✓) No ( )	Rock or other impervious formations	none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 6

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Walter Burton

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. R. Henson, EHS DATE April 6, '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