4668-51-3964

1315

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 Randy Oliphant DATE June 12, '90 PERMIT NO. IR-A-91

PHONE: Business _____ Home _____

LOCATION 150 E. (By Pass) TL Overhead Bridge Rd. TR into Highland Crossing 2nd house on left S. R. No. _____

SUBDIVISION NAME Highland Crossing LOT NO. 4 SECTION OR BLOCK NO. _____

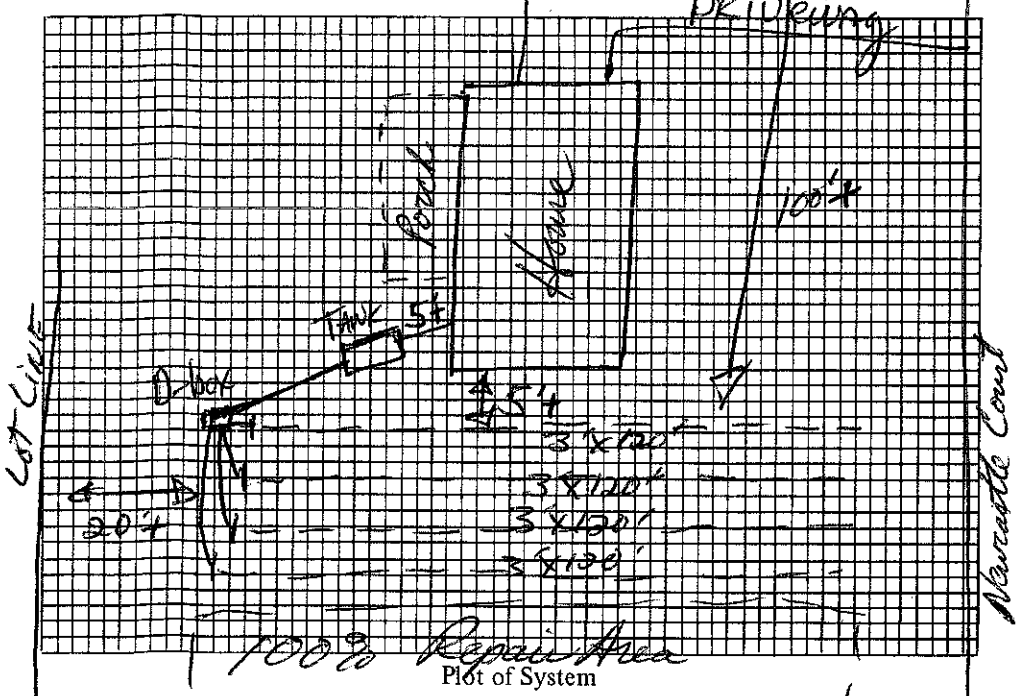
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	25
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2%
Site ~~Suitable~~ RS	Yes (✓)	No ( )	Depth to Water Table	3'
			Rock or other impervious formations	none obs.

Lot Area 40000 ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1440 Linear Ft. 480
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

STREET

Changes in layout of system approved in advance

CERTIFICATE OF COMPLETION BY DRH Sanitarian, EHS DATE June 12, '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