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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 J. C. Young DATE Sept. 27, '90 PERMIT NO. IE-3-B-13

PHONE: Business _____ Home _____

LOCATION 136 S. TR 1148 (Rocky River Rd) TL Vick Road ~~2000~~ ~ 200' on left S. R. No. _____

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

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

No. Bedrooms 2-3 No. Bathrooms 1-2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site ~~Suitable~~ PS	Yes (✓)	No ( )	

Character & Porosity of Soil Saprolite ps clay

Percolation Rate 20.3

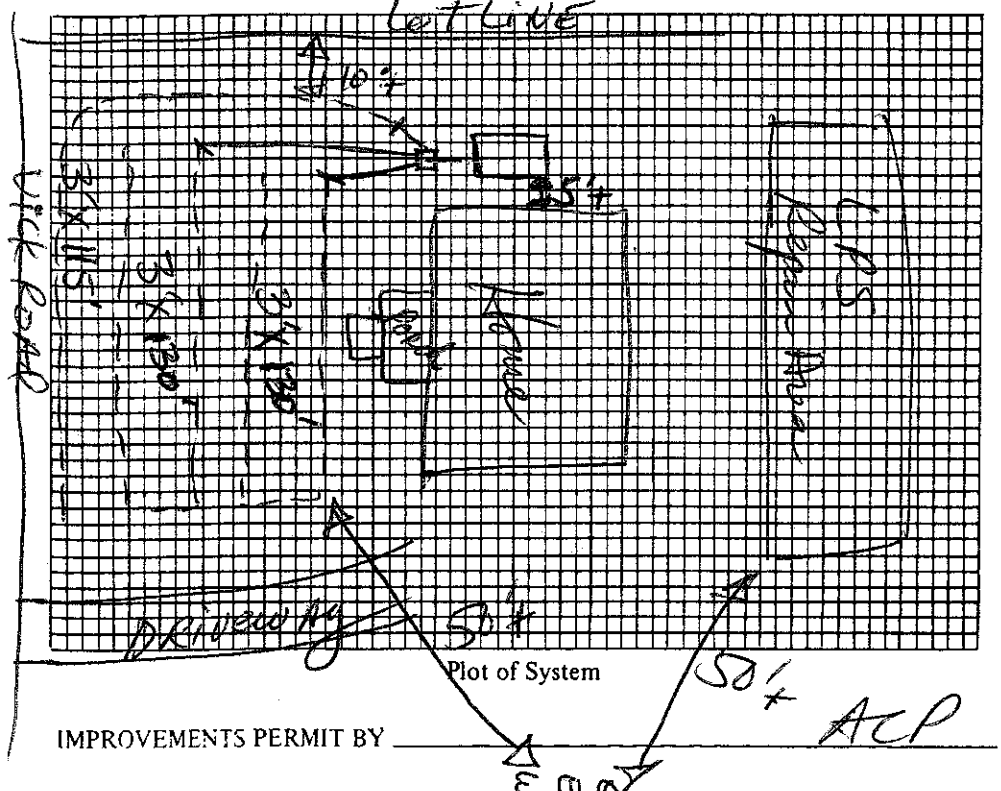
Topography 2%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 125 Linear Ft. 375

Depth of Stone in Lines 12"+

Water Supply: Individual (✓) Well on Adjacent Lot

Public ( )

Installed by Nelson Hathcock

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

Signed: _____

IMPROVEMENTS PERMIT BY _____ ACP

COMMENTS: Unable to get 100% in front but installed as much as possible in available space. Extra stone used

CERTIFICATE OF COMPLETION BY D R Hinson, EHS DATE 9-27-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

mit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold