IREDELL COUNTY HEALTH DEPARTMENT 40910

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

13259

OWNER OR CONTRACTOR GRACE SUMMERS DATE 9/12/91 PERMIT NO. 0J-A-46

PHONE: Business _____ Home _____

LOCATION I-40 W, TL OLD MTN RD, TR LEWIS FERRY RD TL LAMB ROAD, ~ 300 YD ON (L) S. R. No. _____

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

DBL WIDE

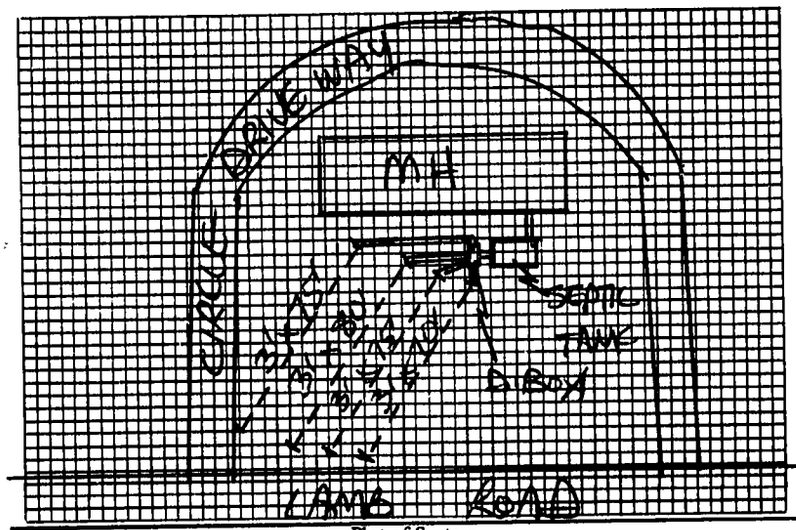
House ( ) Mobile Home (✓) Business ( ) Other _____ ACP NO DATE

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | PS |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | .4 GPD / FT2 |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2-6% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | >41 |
| | | | Rock or other impervious formations | NONE |

Lot Area 1.2 Ac

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 24

Water Supply: Individual (✓)
Public ( )

Installed by JOE STEVENSON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 9/12/91

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