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 Gastonia United Air DATE 4-27-89 PERMIT NO. 14A.

PHONE: Business _____ Home _____

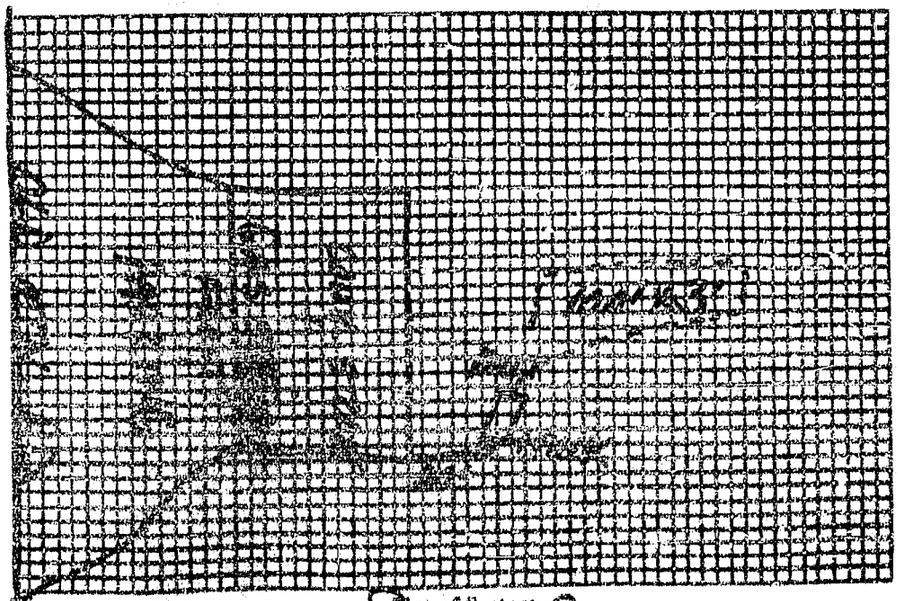
LOCATION Tyson-T.R. 901 Mtn. Rd.-convenience store & gas station on left side Troy's Restaurant S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____ Character & Porosity of Soil Poor & Suitable.
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 30 min/in
Auto. Dishwasher Yes ( ) No (✓) Topography Level
Auto. Wash. Machine Yes ( ) No (✓) Depth to Water Table 18+
Site Suitable Yes (✓) No ( ) Rock or other impervious formations None observed.
Lot Area Ample.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 300 Lines Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public _____

Installed by Dennis Wallace

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: System designed for a 2 compartment tank only.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 4-27-89.

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