IREDELL COUNTY HEALTH DEPARTMENT

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

13361
OWNER OR CONTRACTOR LEON GRAY DATE 9/11/91 PERMIT NO. ST-A-67

PHONE: Business _____ Home _____

LOCATION MC 90 W, TL UPPARD FARM RD, TL MASSEY DEAL, 1/4 MI ON (R) S. R. No. _____

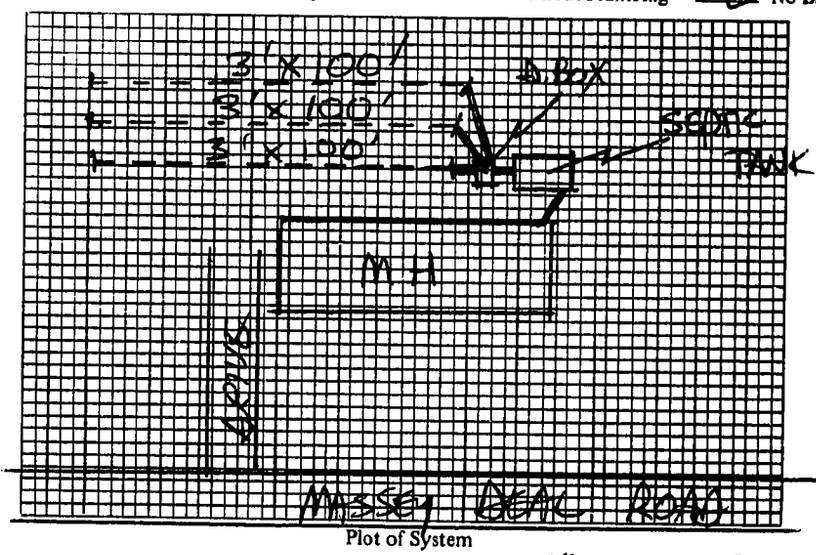
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) DBL-WIDE Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2			Character & Porosity of Soil	PS
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	.4 GPD/FT²
Auto. Dishwasher	Yes (✓)	No ( )		Topography	2-6%, LS
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	>4'
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	NONE

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement ACP 7/25/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE ~~HEDRICK~~ BROWN

COMMENTS: KEEP WELL MINIMUM 50' FROM WELL

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/11/91

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