10624.

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 LEON GRAY DATE 10-31-89 PERMIT NO. 89-A-5(7).

PHONE: Business _____ Home _____

LOCATION Lincolnton from Pl. off Hwy 90W-cross creek twp hill-T.L. on dirt at acorn
pro Mount Pleasant Pl. - go ½ mi. T.L. - Lite Patrol S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 7 SECTION OR BLOCK NO. _____

DWELLING

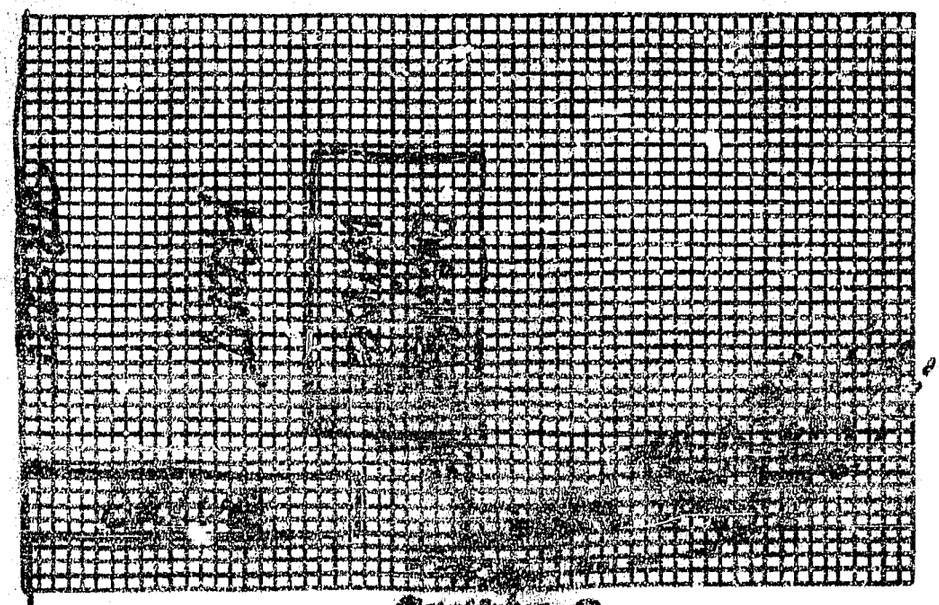
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soils	Clay-Suitable	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Fast-Suitable	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+	
			Rock or other impervious formations	scattered rock	

Lot Area 140' x 363'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 420 Lines Ft. 240
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Dennis Gallihar

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

Signed: _____

Plot of System

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-31-89

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