IREDELL COUNTY HEALTH DEPARTMENT

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

13970
OWNER OR CONTRACTOR JERRY FLOWERS DATE 1/31/92 PERMIT NO. 9K-1-A-1

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MIDWAY ROAD, TL NEW AMITY ROAD, TR COLFAX ROAD, 2ND DRIVE ON (L) S. R. No. _____

SUBDIVISION NAME OAK HILL LOT NO. 1 SECTION OR BLOCK NO. _____

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

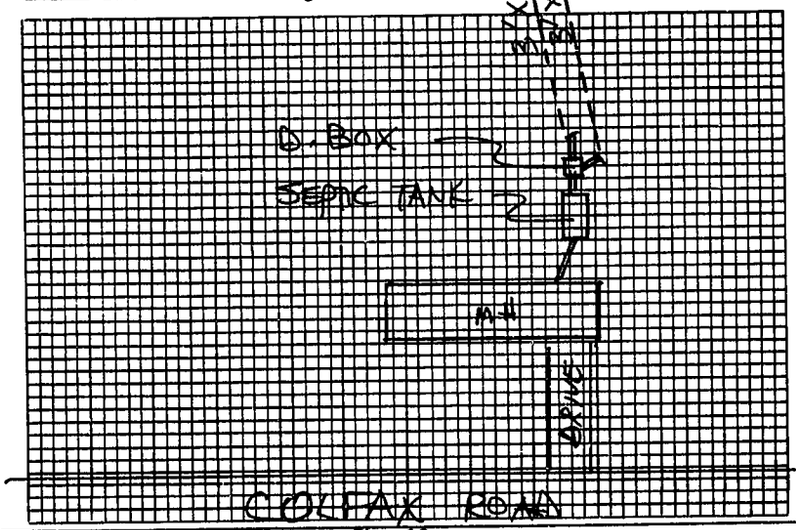
No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT
Topography 2-4% CS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

TP 11/6/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by BOB PHILLIPS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: ① MH NOT ON SITE AT TIME OF INSPECTION -
② KEEP MH AT LEAST 5' FROM SYSTEM -

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 1/31/92

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