IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR

OWNER OR CONTRACTOR PAUL McHARGUE DATE 6/3/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N TL PISGAH CH RD, LAST HOUSE ON (R) BEFORE HARRIS BRIDGE ROAD. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area AMPLE

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 4-6 20 LS
Depth to Water Table > 4'
Rock or other impervious formations NONE

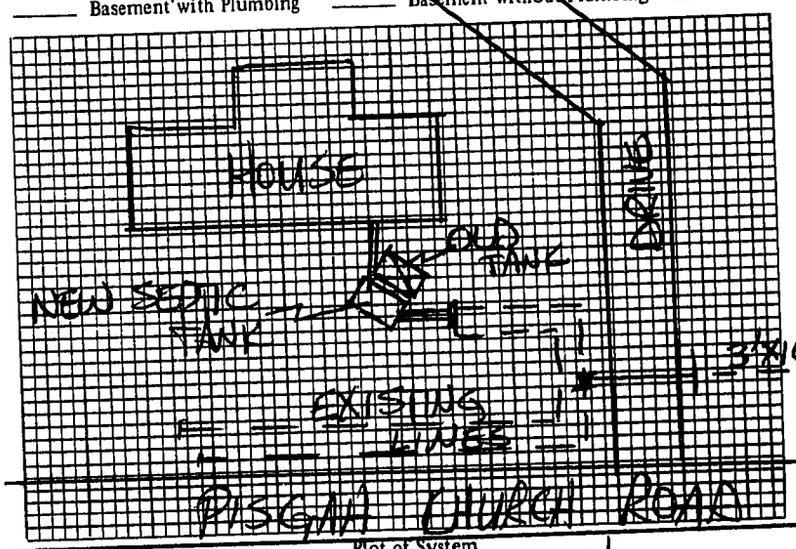
TP 2/14/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines —
Sq. Ft. — Linear Ft. —
Depth of Stone in Lines —

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by KENNY PERSON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: OLD TANK ABANDONED, NEW TANK INSTALLED WITH NEW 4" SCH 40 PVC TO EXISTING LINES. NO DISTRIBUTION BOX ON SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/3/91

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