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 CHARLES & TERI PETZOLD DATE 1/23/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL PISGAH, TR BOWLES, TL HILL FARM, TR PISGAH RIDGE CIRCLE, LEFT LOOP ON (L) AT JOHNSON FARM ROAD S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

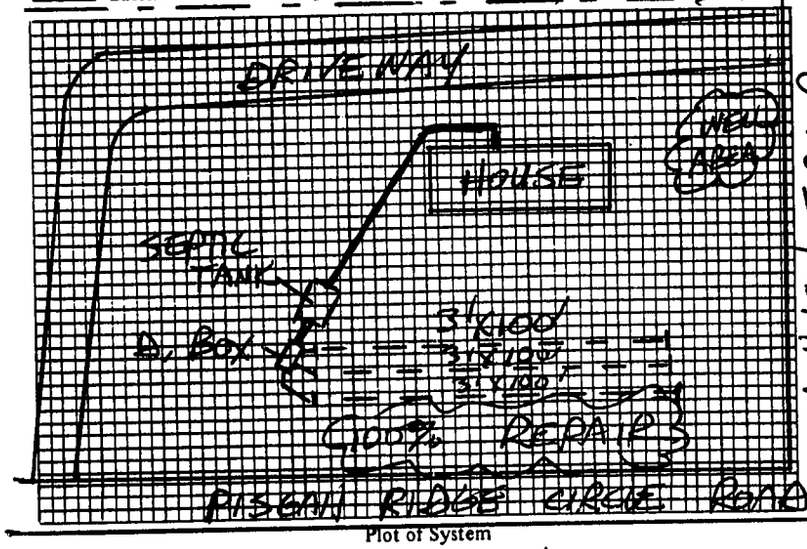
Garbage Disposal Unit	Yes ( )	No (L)	
Auto. Dishwasher	Yes ( )	No (L)	
Auto. Wash. Machine	Yes (L)	No ( )	
Site Suitable	Yes (L)	No ( )	

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 4-6% R
Depth to Water Table > 4'
Rock or other impervious formations SCATTERED ROCK

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 11/10/90



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 (L)
Public ( )

Installed by KENNY PEARSON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE _____

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