13934.

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 BEN STIKELEATHER DATE 1-17-92. PERMIT NO. 92-8-A-25.

PHONE: Business _____ Home _____

LOCATION Settlers Rd. off old Nto. Rd. - T.L. on 1st street - 1/8 mi. on left. S. R. No. _____

SUBDIVISION NAME MOUNTAIN ROAD VILLAGE. LOT NO. 25. SECTION OR BLOCK NO. _____

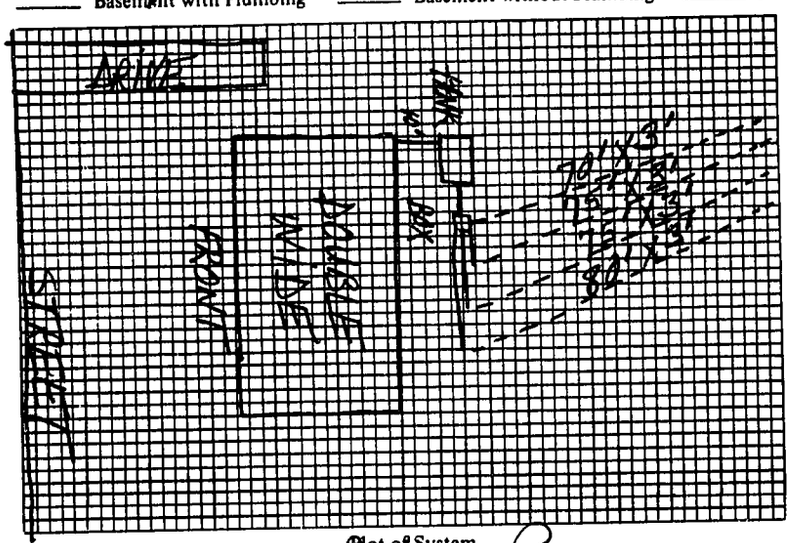
House ( ) Mobile Home (✓) Business ( ) Other _____

DOUBLEWIDE

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Dry. Suitable.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4 gal./sq. ft.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 - 6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+
Lot Area Ample.			Rock or other impervious formations	None observed.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Claffin Farms.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Double Wide not placed on lot at time of final inspection.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 1-17-92.

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