13420.

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 9-30-91. PERMIT NO. 8K-8-A-26.

PHONE: Business ________ Home ________

LOCATION Bethlehem Rd. off Old mtn. Rd. go 1/8 mi. + T.L. on paved st. - go 1/8 mi. on left. S. R. No. ________

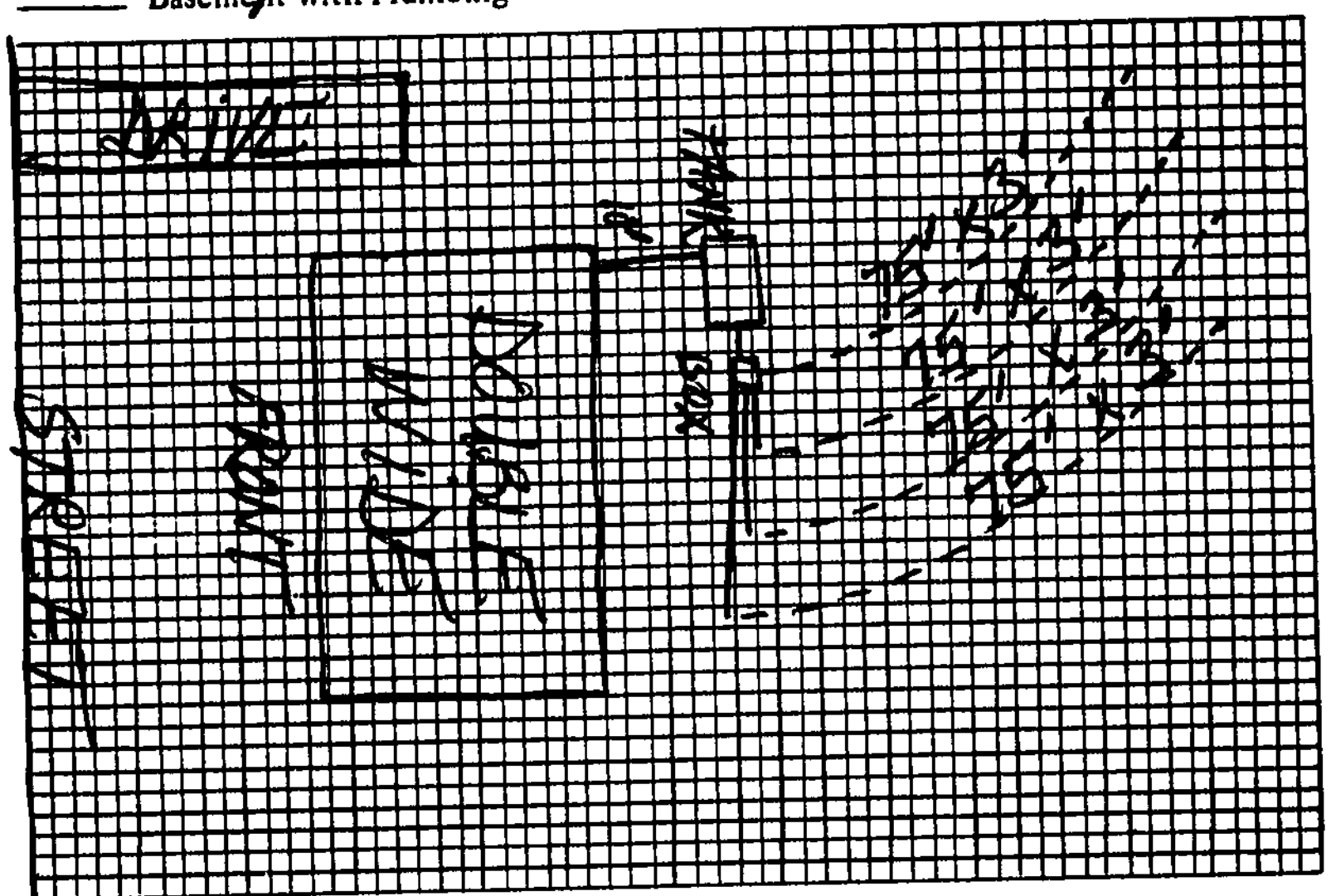
SUBDIVISION NAME MOUNTAIN ROAD VILLAGE. LOT NO. 26. SECTION OR BLOCK NO. ________

House ( ) Mobile Home (✓) DOUBLEWIDE Business ( ) Other ________

No. Bedrooms 3 No. Bathrooms 2
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 Prov. Suitable.
Percolation Rate .4 gal./sq. ft.
Topography 2-6%
Depth to Water Table 10"+
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: 4
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Chaffin Farms

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

Signed: ________

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-30-91.

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