IREDELL COUNTY HEALTH DEPARTMENT

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

13724
OWNER OR CONTRACTOR DAVID STIKELEATHER DATE 11/27/91 PERMIT NO. 8K-8-A-27

PHONE: Business _____ Home _____

LOCATION I-40 W, TL OLD MTN ROAD, TL BETHLEHEM RD, TL 1ST STREET, GO TO BOTTOM OF HILL, MH ON (L) S. R. No. _____

SUBDIVISION NAME MTN. ROAD VILLAGE LOT NO. 27 SECTION OR BLOCK NO. _____

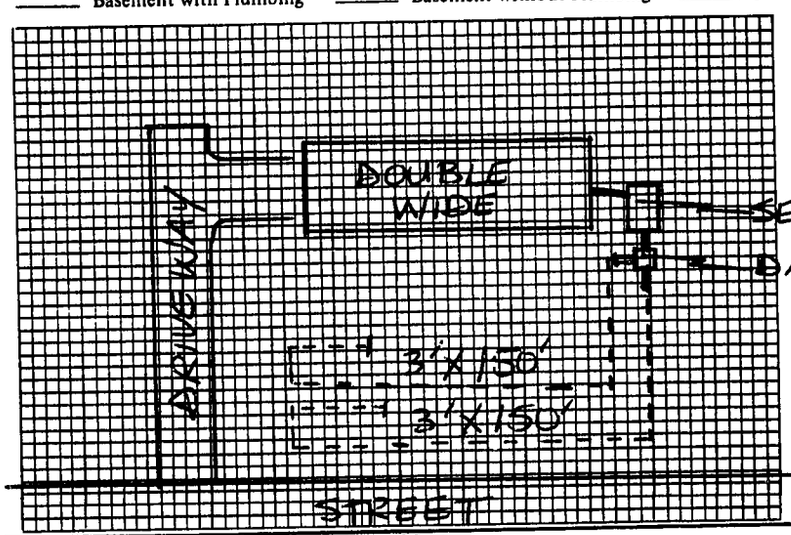
House ( ) Mobile Home (✓) ~~DOUBLE WIDE~~ Business ( ) Other _____

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 PS
Percolation Rate 4 GPD / FT²
Topography 2-6%, >4
Depth to Water Table _____
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 10/14/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by WAYNE POTTS

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 HEDRICK DATE 11/27/91

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