IREDELL COUNTY HEALTH DEPARTMENT

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

13248

OWNER OR CONTRACTOR BENNIE NEWTON DATE 9/3/91 PERMIT NO. 8K-8-A-56

PHONE: Business _____ Home _____

LOCATION BETHLEHEM ROAD FROM OLD MTN RD, 1/4 MI & TL INTO DEV, TR GRAVEL ST - AT END OF CUL-DE-SAC S. R. No. _____
SONJA DR.

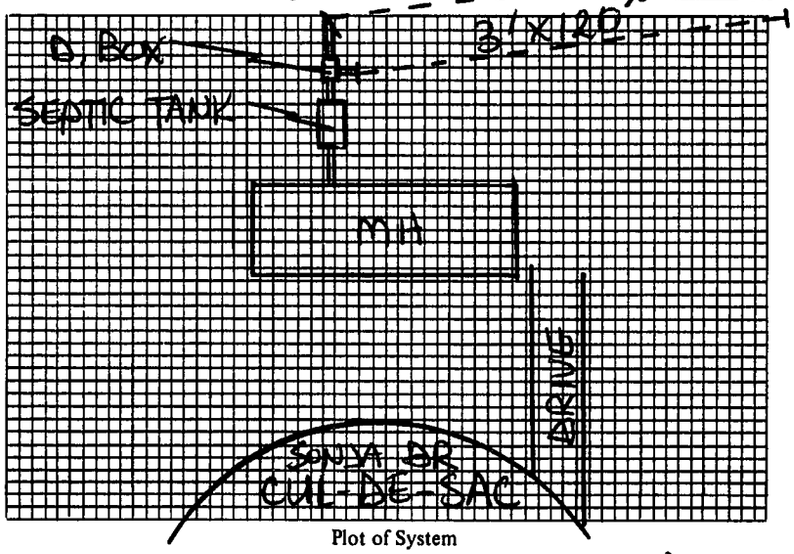
SUBDIVISION NAME MOUNTAIN ROAD VILLAGE LOT NO. 56 SECTION OR BLOCK NO. _____

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

No. Bedrooms	2	No. Bathrooms	2	Character & Porosity of Soil	PS
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	.4 GPD / FT2
Auto. Dishwasher	Yes ( )	No	(✓)	Topography	2-6%
Auto. Wash. Machine	Yes (✓)	No	( )	Depth to Water Table	> 4'
Site Suitable	Yes (✓)	No	( )	Rock or other impervious formations	NONE

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement 3'x120' TP 6/2/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by TOMMY COTTREN

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 9/3/91

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