IREDELL COUNTY HEALTH DEPARTMENT

12771 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 39939
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR JAMES BYRD DATE 9/12/91 PERMIT NO. 8K-10-A-21

PHONE: Business _____ Home _____

LOCATION I-40 W, TL OLD MTN RD, 1.25 mi BEFORE KYLES X-RD, TR WARREN ESTATES, NEAR END ON (R)

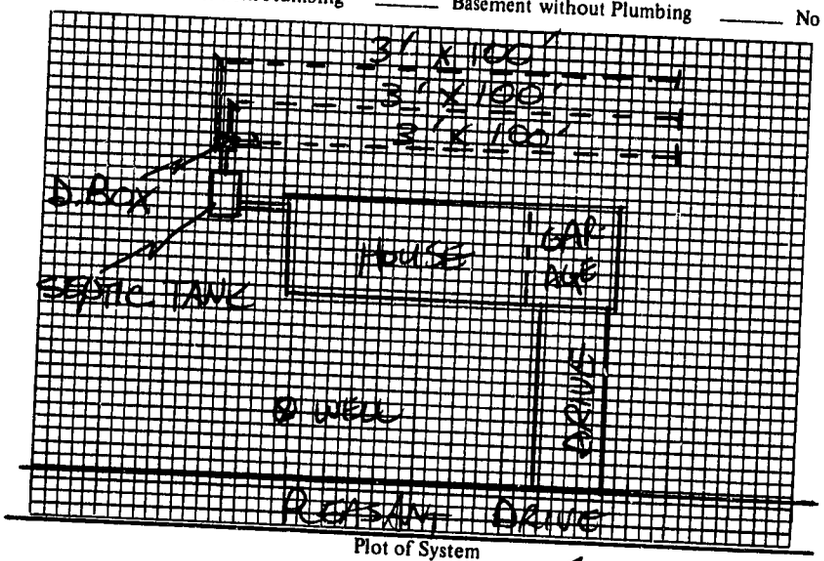
SUBDIVISION NAME WARREN ESTATES LOT NO. 21 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4 MPI / FT
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	24'
Lot Area AMPLE - .8+			Rock or other impervious formations	NONE

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement ACP 7/25/91



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE ~~HEDRICK~~ BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/12/91

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