IREDELL COUNTY HEALTH DEPARTMENT

12283 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR CLIFTON E. TALBERT DATE 2/11/91 PERMIT NO. 8L-A-6

PHONE: Business _____ Home _____

LOCATION NC 90 W, TL ISLAND FORD RD, CROSS 3RD CREEK BRIDGE, 2ND HOUSE ON (R) PAST OLIVANA BAPT. CH. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

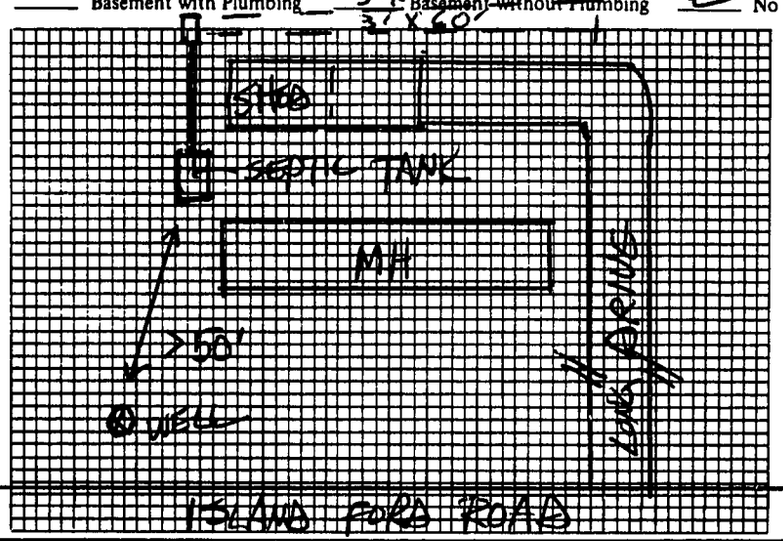
No. Bedrooms 2 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 GPD/FT²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4% R
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>4'
			Rock or other impervious formations	SCATTERED SURFACE ROCK

Lot Area 3.10 AC

_____ Basement with Plumbing 3' X 70' Basement without Plumbing 3' X 60' ✓ No Basement

TP 12/7/90



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by JAMES HUDDLER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 2/11/91

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