90 (176)

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

11273

OWNER OR CONTRACTOR EARLIE C. HAGER DATE 11/13/91 PERMIT NO. 9K-A-7

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MIDWAY ROAD, DN (L) ~ 2 MILES PAST BRIGHT LIGHT BAPTIST CHURCH S. R. No. _____

SUBDIVISION NAME MIDWAY ROAD MHP LOT NO. 11 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) 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 ( )

Character & Porosity of Soil PS

Percolation Rate .4 GPD / FT2

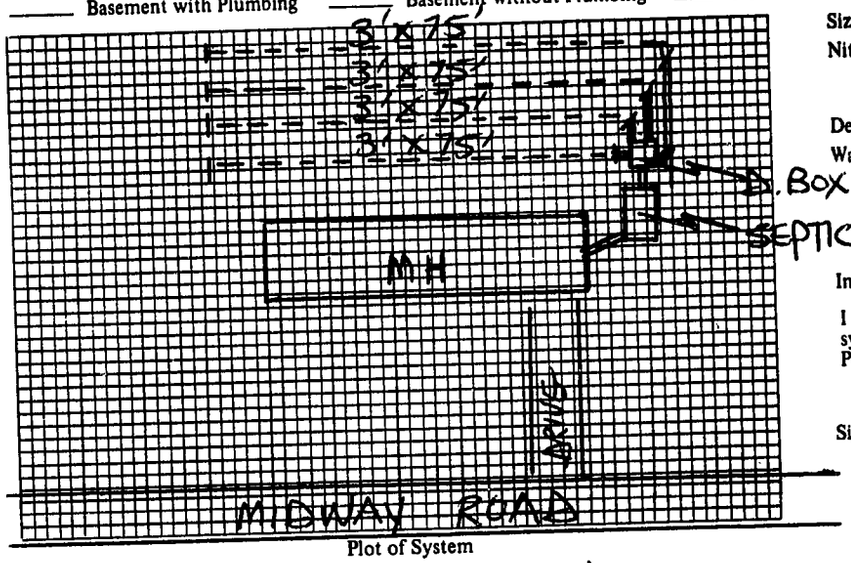
Topography 2-4 3/4, LS

Depth to Water Table _____

Rock or other impervious formations NONE

Lot Area 100 X 150

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement JJS 9/8/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (✓)

Installed by GEORGE WALSH

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

Signed: _____

IMPROVEMENTS PERMIT BY GLENN FOX, JR.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/13/91

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