IREDELL COUNTY HEALTH DEPARTMENT

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

11274

OWNER OR CONTRACTOR EARLIE C. HAGER DATE 10/30/91 PERMIT NO. 9K-A-7

PHONE: Business _____ Home _____

LOCATION NC 115 N TL MIDWAY ROAD, ~ 2 MI ON (L)
PAST BRIGHT LIGHT BAPT. CH. S. R. No. _____

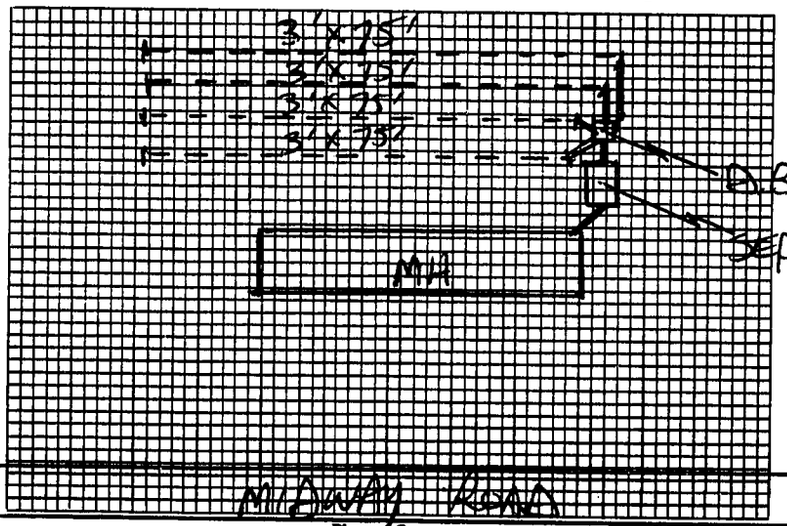
SUBDIVISION NAME MIDWAY MHP LOT NO. 12 SECTION OR BLOCK NO. _____

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 ( )
Lot Area 100 X 150

Character & Porosity of Soil PS
Percolation Rate .4 GAD / FT²
Topography 2-6%
Depth to Water Table >4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement JJS 9/12/91



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 HENDRICK DATE 10/30/91

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