IREDELL COUNTY HEALTH DEPARTMENT

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

11277

OWNER OR CONTRACTOR EARLIE C. HAGER DATE 10/24/91 PERMIT NO. 9K-A-12

PHONE: Business _____ Home _____

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

SUBDIVISION NAME MIDWAY DRIVE MHP LOT NO. 15 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2

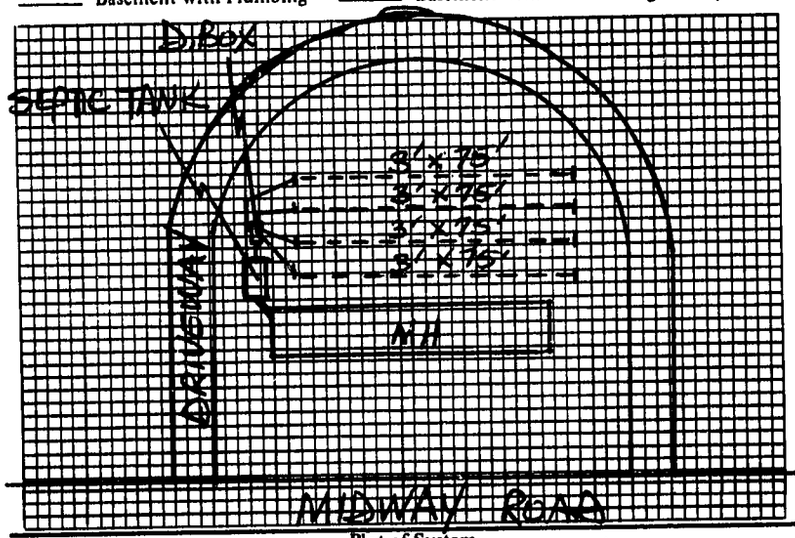
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate 4 GPD / FT2
Topography 2-6% SL
Depth to Water Table _____
Rock or other impervious formations NONE

Lot Area 100 X 150

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

JJS - 8/28/91



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 / ANNE EDERSON

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 10/24/91

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