10173.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR EARLIE HAGER DATE 11-3-89 PERMIT NO. 410.

PHONE: Business _____ Home _____

LOCATION Hwy 115 N-T.L. on Midway Drive-go 2 mi. past Bright Light Tune Cadillac S. R. No. _____

SUBDIVISION NAME MIDWAY PARK LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2 Character & Porosity of Soil Loam Suitable.

Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate 60 Min. per In.

Auto. Dishwasher Yes ( ) No ( ) Topography Level

Auto. Wash. Machine Yes ( ) No ( ) Depth to Water Table 2 ft

Site Suitable Yes ( ) No ( ) Rock or other impervious formations None Observed.

Lot Area 100' x 200'

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

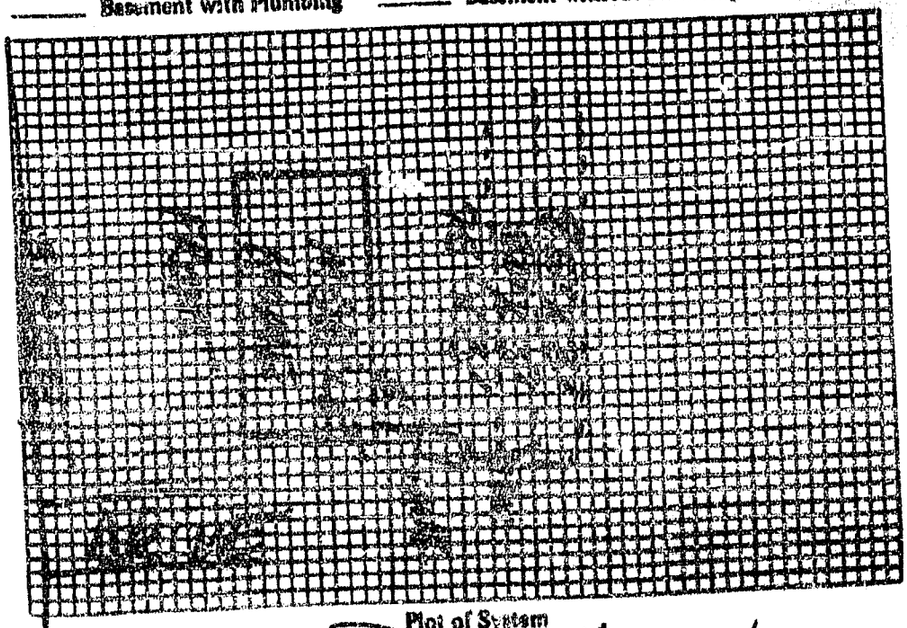
No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓) Comm. well.



Plot of System

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY Darren Wemer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Barnes DATE 11-3-89.

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