10174.

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. A10.

PHONE: Business _____ Home _____

LOCATION Hwy 115 N-T.L. on Midway Dr. go 2 miles past Bright Light Church on Rt.

_____ S. R. No. _____

SUBDIVISION NAME MIDWAY PARK LOT NO. 8 SECTION OR BLOCK NO. _____

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

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

Garbage Disposal Unit Yes ( ) No ( ) Percolation Rate _____

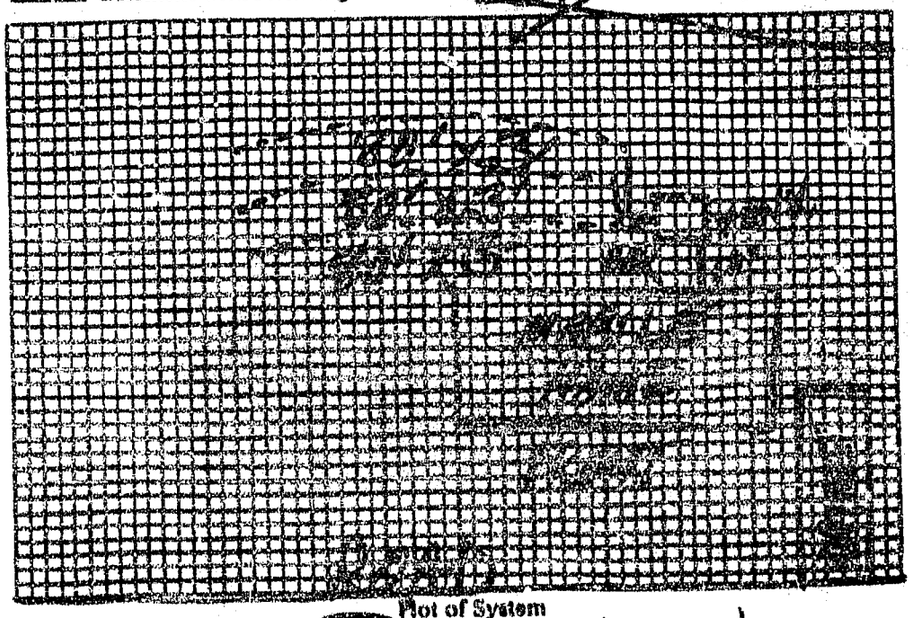
Auto. Dishwasher Yes ( ) No ( ) Topography _____

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

Site Suitable Yes ( ) No ( ) Rock or other impervious formations none observed.

Lot Area Ample

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

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 ( )

common well.

Installed by Claffie Farmer

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

Signed: _____

IMPROVEMENTS PERMIT BY Darren Warner

COMMENTS: _____

CERTIFICATE OF COMPLETION John Brown 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