12222

## 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 JOHN & MILDRED MILLER DATE 12/11/90 PERMIT NO. 90-A-4

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MIDWAY, TR LIBERTY HILL, ON (R) ACROSS FROM ABNER RD. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 38.36

Character & Porosity of Soil PS

Percolation Rate 4 6PI / FT2

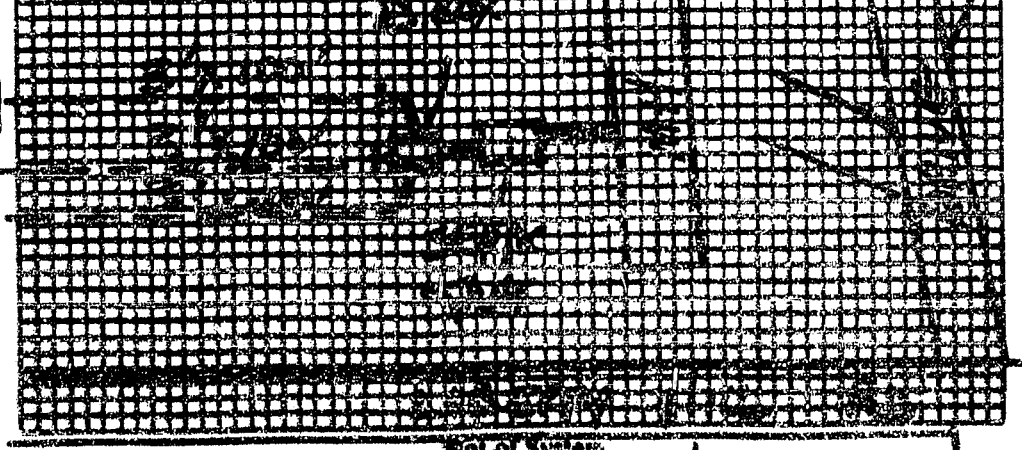
Topography 2 to 4% 4,5

Depth to Water Table >4'

Rock or other impervious formations NONE

TP 8/23/90

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓ WELL)
Public ( )

Installed by Harvey Rose

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HORNE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HORNE DATE _____

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