41378

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

13519

OWNER OR CONTRACTOR HERITAGE BLDG. CO. DATE 11/26/91 PERMIT NO. 8K-9-A-45

PHONE: Business _____ Home _____

LOCATION BUFFALO SHOALS ROAD W, TR OLD MOUNTAIN ROAD, TR SPRING MEADOWS S/D, 1/4 MILE ON (L) S. R. No. _____

SUBDIVISION NAME SPRING MEADOWS LOT NO. 45 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 AMPLE

Character & Porosity of Soil PS

Percolation Rate 4 SPA / FT²

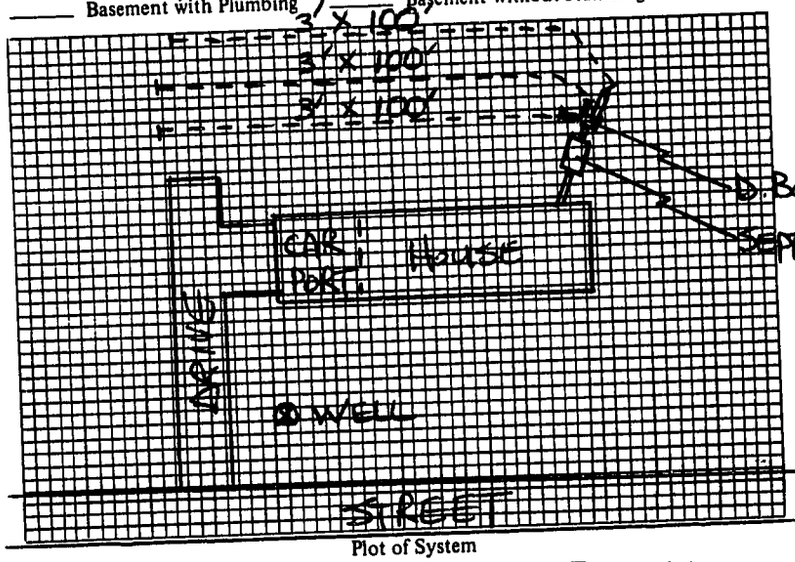
Topography 2-6% LS

Depth to Water Table > 4'

Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

DELLINGER 7/8/91



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 WES LYTTON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 11/26/91

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