IREDELL COUNTY HEALTH DEPARTMENT

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

13806
OWNER OR CONTRACTOR SAMUEL SCOTT CONSTR. DATE 4/10/92 PERMIT NO. 92-A-15

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO AR, TL MILLER FARM ROAD, TL PINEY OAKS S/D, AT END ON (R) S. R. No. _____

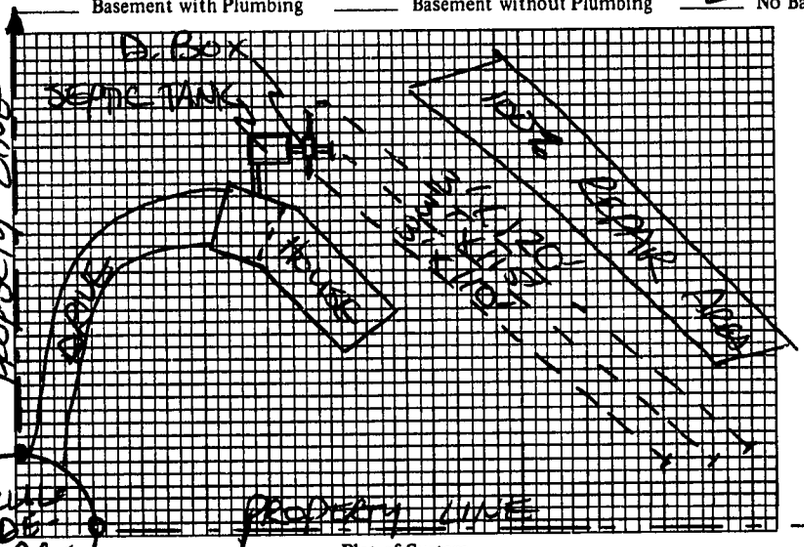
SUBDIVISION NAME PINEY OAKS LOT NO. _____ SECTION OR BLOCK NO. _____

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 193X383

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT2
Topography 4-6% LS
Depth to Water Table > 4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by DAVID YOUNTS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: REPAIR AREA IS 100% CONVENTIONAL GRAVITY-FED

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 4/10/92

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