## IREDELL COUNTY HEALTH DEPARTMENT

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

13257
OWNER OR CONTRACTOR HERITAGE BLDG Co. DATE 10/11/91 PERMIT NO. 9D-13-A-32

PHONE: Business _____ Home _____

LOCATION NC 90W, TR MONTICELLO ROAD, TL MILLER FARM ROAD, TL BEECH BROOK LANE, ON (L) ~ 0.3 MILE S. R. No. _____

SUBDIVISION NAME PINEY OAKS LOT NO. 32 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 ( )

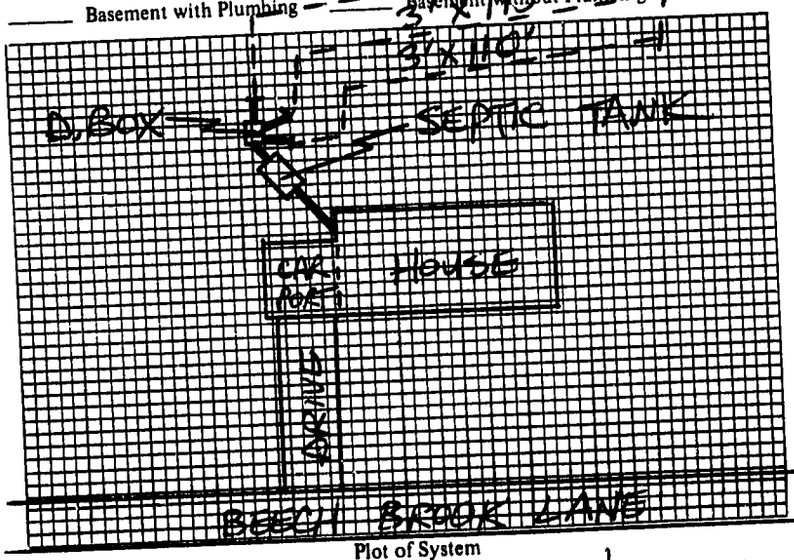
Lot Area 0.99 AC

Character & Porosity of Soil PS
Percolation Rate 0.35 GPD / FT²
Topography 2-4% LS
Depth to Water Table > 4'
Rock or other impervious formations NONE
7/3/91

3 X 120' Basement with Plumbing
3 X 110' Basement Without Plumbing
(✓) No Basement

DELLINGER S.T-
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 (✓)



Plot of System

Installed by WES LYTTON

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/11/91

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