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IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

12185
OWNER OR CONTRACTOR JAMES JONES DATE 6/3/91 PERMIT NO. 6K20-A-26

PHONE: Business _____ Home _____

LOCATION NC 115N, TL OLD WILKESBORO, TL MONTICELLO, TR MILLER FARM RD, TL KATIE LANE ON (R) S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 GPD / FT2 2-60
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	>4
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	NONE
			Rock or other impervious formations	

Lot Area ADEQUATE

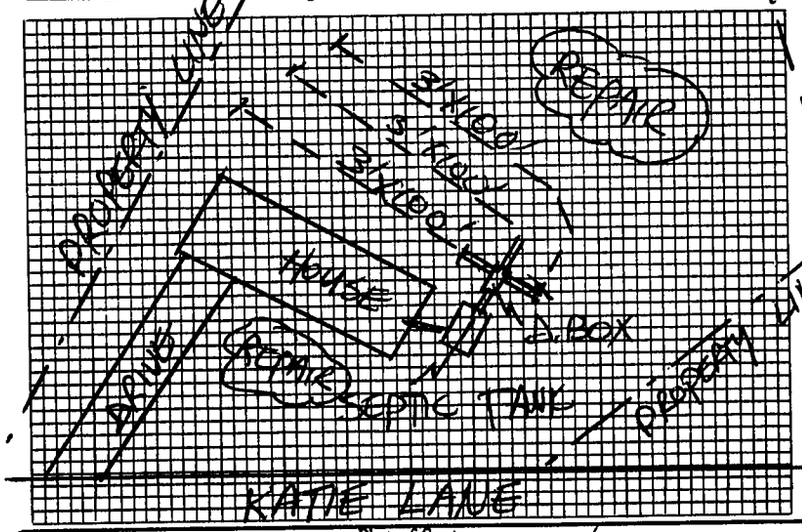
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 4/25/91

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 ( )
Public (✓)



Plot of System

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HERRICK

COMMENTS: DIVERT GUTTER DRAINS AWAY FROM SEPTIC SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 6/3/91

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