IREDELL COUNTY HEALTH DEPARTMENT

39857

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

12761

OWNER OR CONTRACTOR SAMUEL G. SCOTT DATE 2/2/91 PERMIT NO. 90-13-A-46

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO RD, TL MILLER FARM RD, TL PINEY OAKS, 3RD LOT ON (L) S. R. No. _____

SUBDIVISION NAME PINEY OAKS DEV LOT NO. 46 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

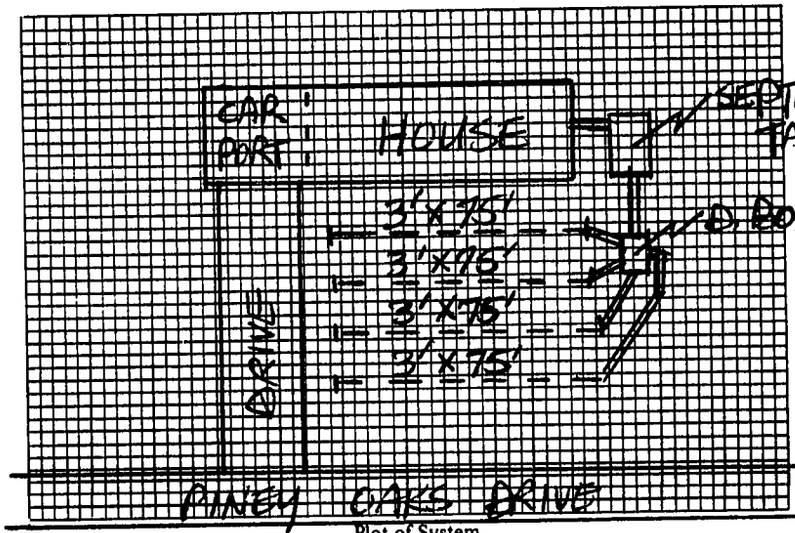
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area AMPLE

Character & Porosity of Soil PS
Percolation Rate 4 GPD / FT² LS 2-60 < 4'
Topography _____
Depth to Water Table _____
Rock or other impervious formations NONE

ACP 5/8/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
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 BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/2/91

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