42006

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

13894

OWNER OR CONTRACTOR W & W SALES, INC. DATE 2/7/92 PERMIT NO. 6K-20-A-19

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO DR, TL MILLER FARM RD, ON (L) AT HALL DRIVE INTERSECTION S. R. No. _____

SUBDIVISION NAME SUNNYDALE ACRES LOT NO. 7 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

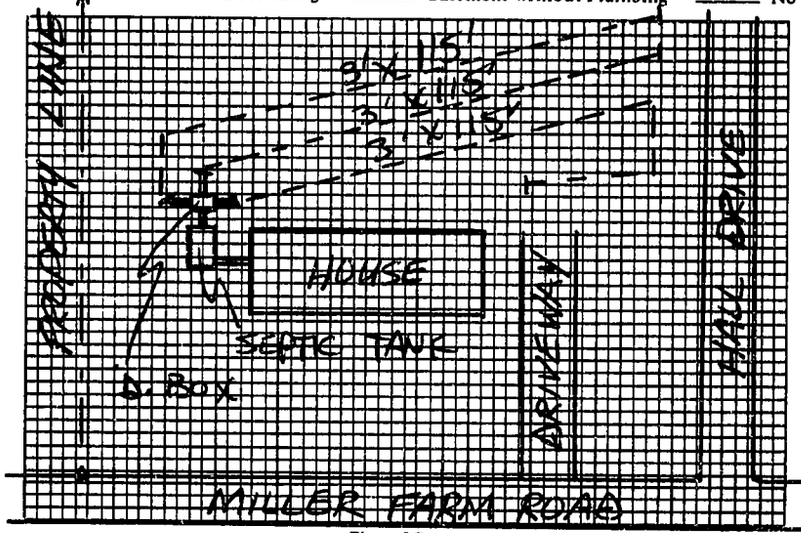
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 100 X 230

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

SCP STB 358
ACP 12/11/91

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 A-1 BACKHOE

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 2/7/92

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