IREDELL COUNTY HEALTH DEPARTMENT

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

13705

OWNER OR CONTRACTOR CLAUDE L. MILLER DATE 12/3/91 PERMIT NO. 9A-A-59A

PHONE: Business _____ Home _____

LOCATION NC 90 W, TR MONTICELLO RD, TL MILLER FARM RD, ON (R) ACROSS FROM PINEY OAKS S/D. S. R. No. _____

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

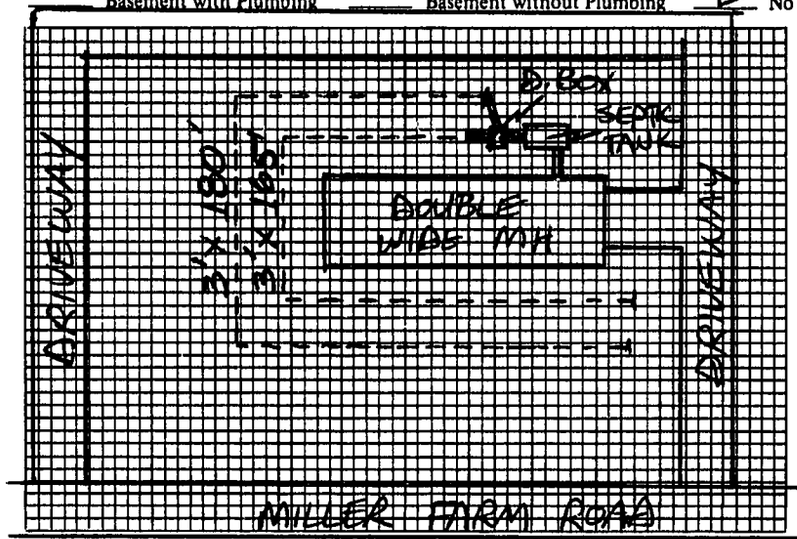
House ( ) Mobile Home (✓) ~~DBL-WIDE~~ Business ( ) Other _____

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 .35 GPD/FPL
Topography 6-8% NS
Depth to Water Table >4'
Rock or other impervious formations SCATTERED ROCK

TP 10/4/91

Basement with Plumbing ____ Basement without Plumbing ____ No Basement (✓)



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by ANDY DANIELS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: SYSTEM WAS LEFT OPEN DURING HEAVY RAINS — MAY AFFECT OPERATING LIFE-SPAN.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/3/91

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