50237

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Glenn M. Kurfees DATE 11-18-91 PERMIT NO. 6K-1-G-38

PHONE: Business _____ Home _____

LOCATION N.C. 90 W TR monticello Dr TR monte Vista TR Frye 2nd lot on left. S. R. No. _____

SUBDIVISION NAME monticello Heights LOT NO. 38 to 43 SECTION OR BLOCK NO. _____

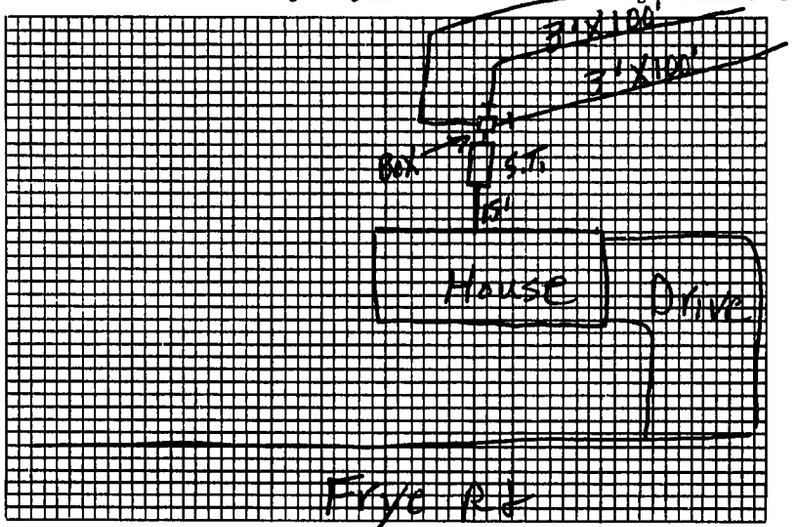
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 GPD/Ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 4'+
			Rock or other impervious formations	none

Lot Area 150' X 200'

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

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 (✓)

Installed by James Hustler

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Hetrick

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 11-18-91

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