11810

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 SAM ARRINGTON DATE 8/7/90 PERMIT NO. 90-A-20

PHONE: Business 873-4768 Home

LOCATION NC 115 N, TL SCOTTS CRK RD, 3MI ON LEFT AT BREAK'O DAY FARM DR. S. R. No.

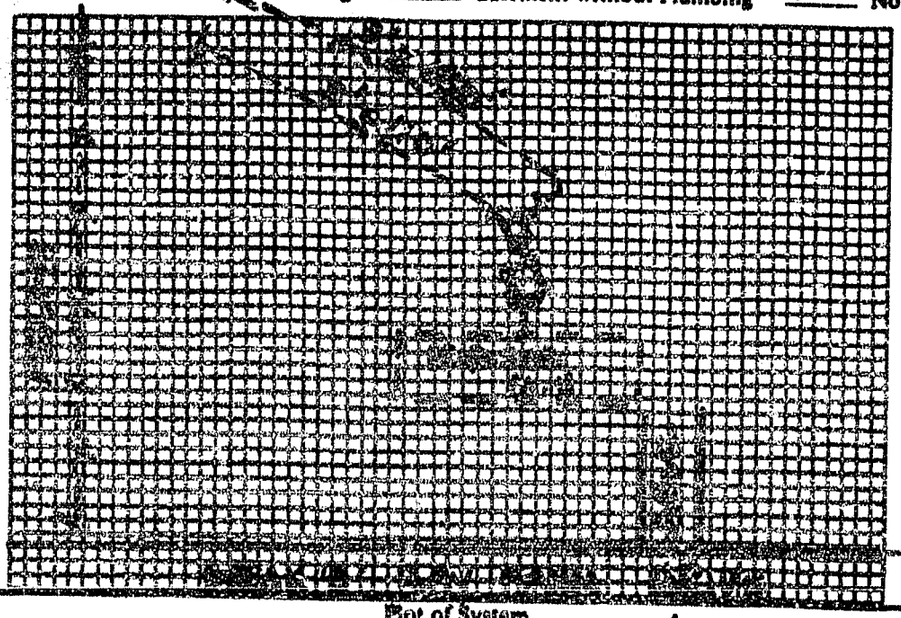
SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	CLAYEY	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>4'	
Lot Area AMPLE			Rock or other impervious formations	NONE	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓) MUNICIPAL
Public ( ) WELL

Installed by JAMES HOOVER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HODGE / GWYN FOX, JR

COMMENTS:

CERTIFICATE OF COMPLETION BY STEVE HODGE / GWYN FOX, JR DATE 8/7/90

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