IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

REPAIR

OWNER OR CONTRACTOR AGNES HOSTETTLER DATE 8/16/91 PERMIT NO. REPAIR

PHONE: Business ______ Home ______

LOCATION NC 115 N, TL SCOTTS CREEK RD, ON (R) ~ 1.25 MILE

______ S. R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ 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 ( )		

Character & Porosity of Soil ______

Percolation Rate ______

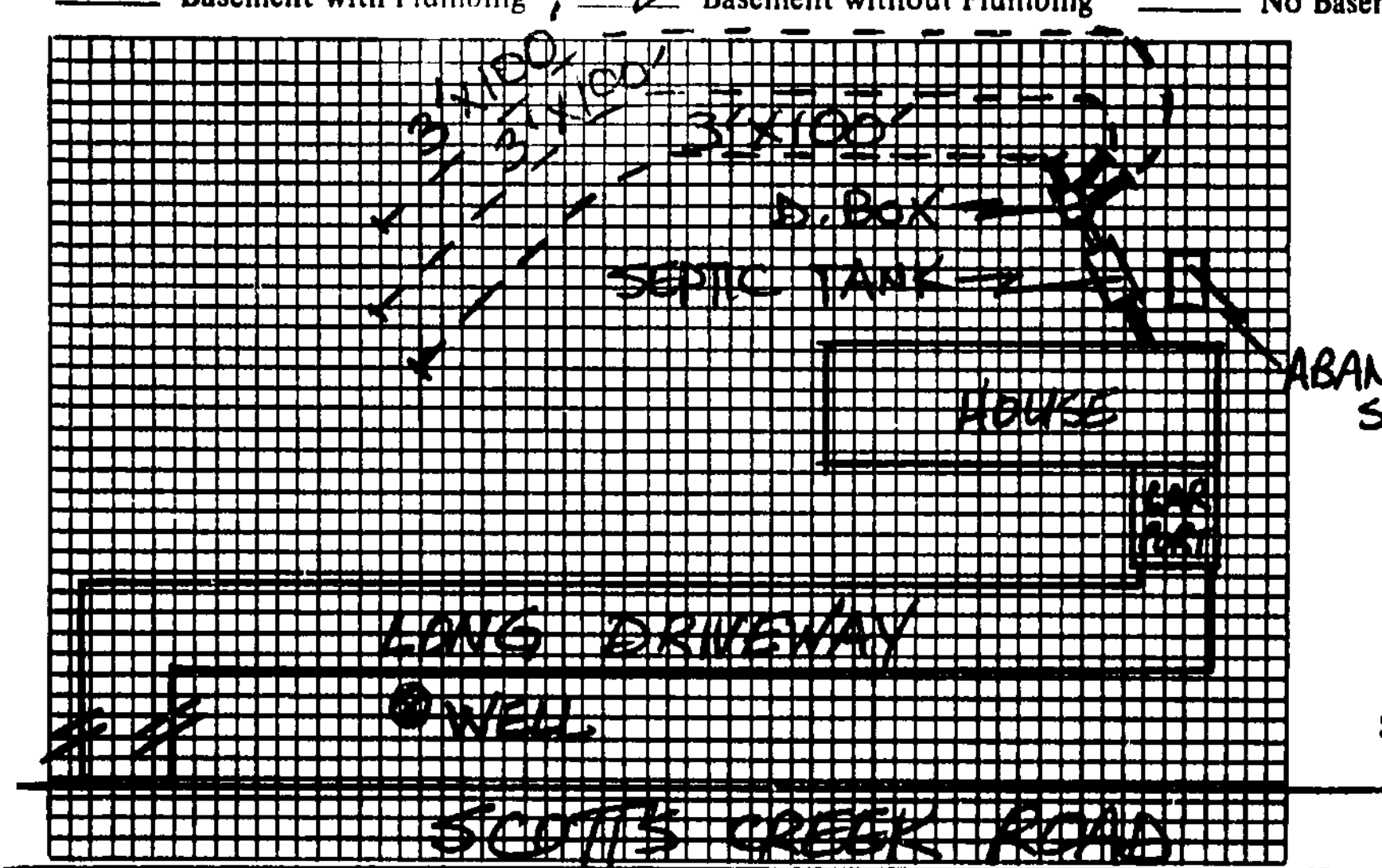
Topography ______ EXISTING

Depth to Water Table ______

Rock or other impervious formations ______

Lot Area AMPLE

______ 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 (✓) WELL

Public ( )

Installed by GARY AUSTIN

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 8/16/91

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