IREDELL COUNTY HEALTH DEPARTMENT

36545

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

10312

OWNER OR CONTRACTOR WILLIAM T. CONLEY DATE 1/12/91 PERMIT NO. 9M-A-50

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MIDWAY DR, ~ 1/2 MILE ON (L)

_____ S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 3 1/2

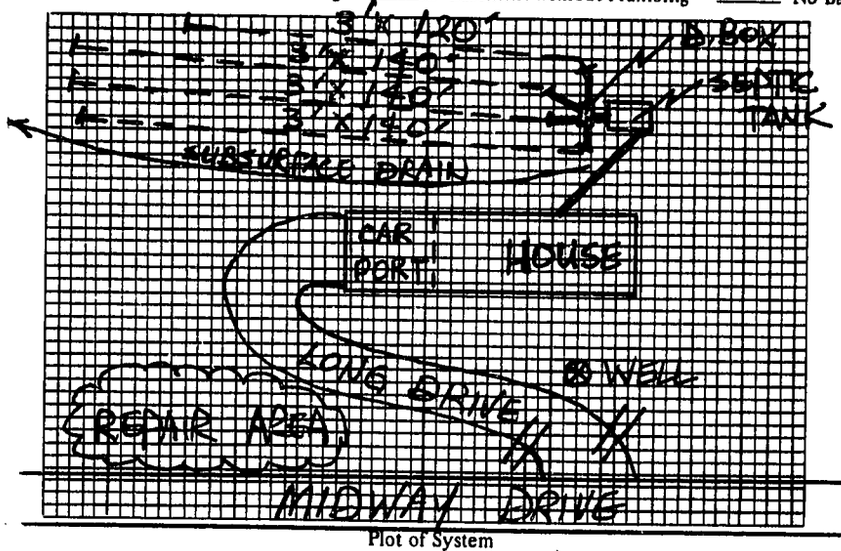
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .3 GPD / FT2
Topography 2-6% COMPLEX NS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area 6 AC

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement

TP 12/6/90



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1620 Linear Ft. 540
Depth of Stone in Lines 12"
Water Supply: Individual (✓ WELL
Public ( )

Installed by JAMES HUDLER

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 1/12/91

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