39517

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

12559

OWNER OR CONTRACTOR CRANAHL / O'BRIEN CONST. DATE 5/22/91 PERMIT NO. 9A-8-A-23

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL SCOTTS CREEK RD, TR BROOKHOLLOW DR, TR HOLLOWBROOK CT, 2ND LOT ON (R) 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 PS

Percolation Rate .4 GPD / FT²

Topography 4-6% LS

Depth to Water Table >4'

Rock or other impervious formations NONE

Lot Area _____

_____ Basement with Plumbing ___T___ Basement without Plumbing ___✓___ No Basement

ACP 4/1/91

Size of Tank 1000 Gals.

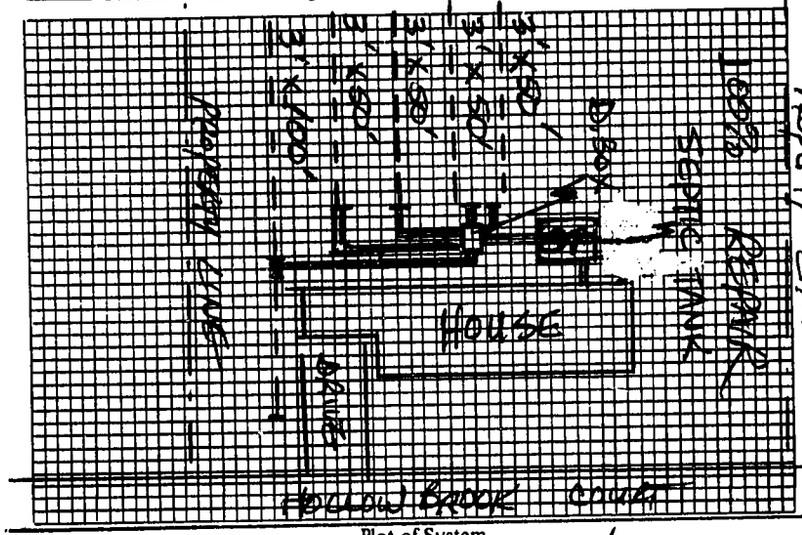
Nitrification Field:

No. of Lines 5

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by STEVE JORAAN

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: SYSTEM WAS INSTALLED DURING INCLEMENT WEATHER. HEAVY RAINS WHILE SYSTEM WAS OPEN MAY REDUCE IT'S LIFESPAN.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 5/22/91

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