IREDELL COUNTY HEALTH DEPARTMENT

11785 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR DAVID HYDE DATE 8/31/90 PERMIT NO 14F-A-55

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR COWLES RD, TL JUST PAST 5TH HOUSE ON (L) FOLLOW RD TO END

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

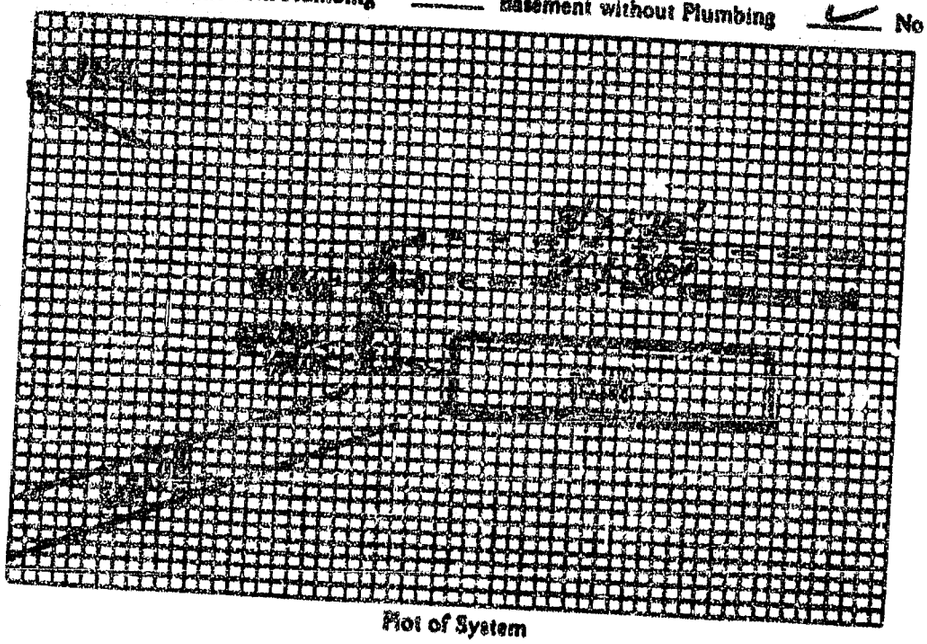
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 58 Ac.

Character & Porosity of Soil PS
Percolation Rate 5
Topography 3-6
Depth to Water Table 10'±
Rock or other impervious formations SAPROLITE BOT

_____ 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 (✓) NEIGHBORS WELL
Public ( )

Installed by RALPH WOLFE / DAN HYDE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE BROWN

COMMENTS: KEEP WATER LINE 15' MINIMUM FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE BROWN / DAN HYDE

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 Inspections Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold