IREDELL COUNTY HEALTH DEPARTMENT

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

12708

OWNER OR CONTRACTOR WILLIAM SUMMERS DATE 5/30/91 PERMIT NO. 14-A-31

PHONE: Business / Home

LOCATION NC 115 N, TR COWLES FARM RD ~ 1 MI ON (R)

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

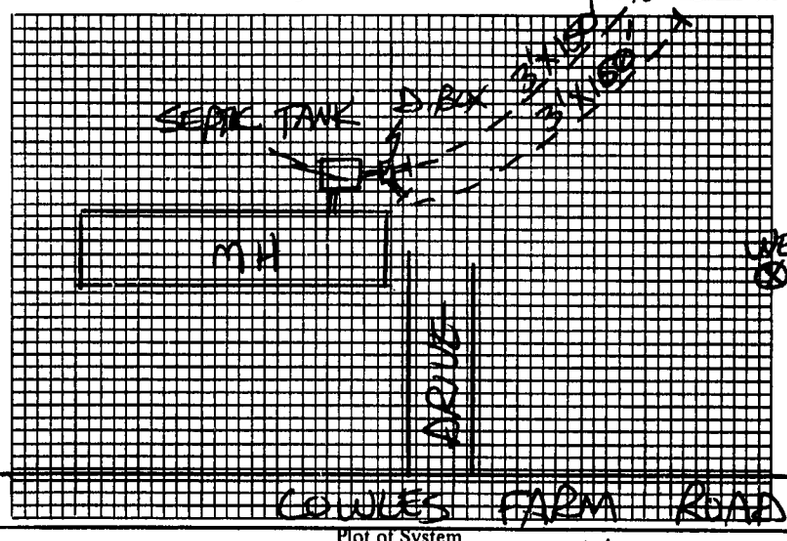
No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate 4 6PA / FT
Topography 6-8% NS
Depth to Water Table > 4'
Rock or other impervious formations SCATTERED ROCK

Lot Area 2 AC

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

RST 3/12/91
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓) NEIGHBOR'S
Public ( ) WELL



Plot of System

Installed by BILL ROBERTSON

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 5/30/91

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