IREDELL COUNTY HEALTH DEPARTMENT

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

14149
OWNER OR CONTRACTOR JOHNNY B. BUSTLE DATE 3/3/92 PERMIT NO. 14F-4-A-17

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL ESTATE DRIVE, 3RD LOT ON (R)

S. R. No. _____

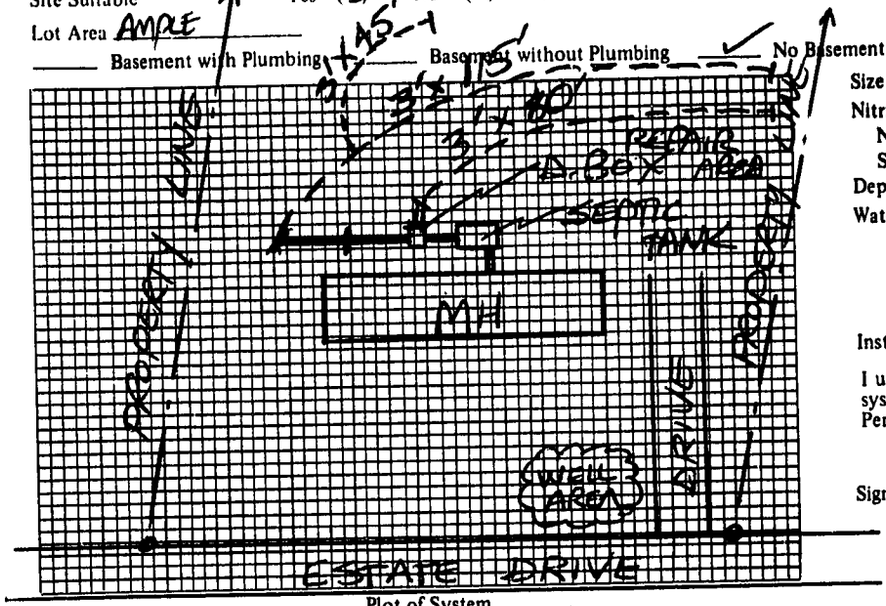
SUBDIVISION NAME JOHN KING ESTATE LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1½

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

Character & Porosity of Soil PS
Percolation Rate .33 GPD / FT²
Topography 4-6% LS
Depth to Water Table > 4'
Rock or other impervious formations NONE



Plot of System

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

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 (✓) WELL
Public ( )

Installed by TOM HARTNESS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: ① MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM.
② REPAIR AREA IS ON GREATER SLOPE BEHIND SYSTEM OR ACROSS GULLY AT BACK OF PROPERTY.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 3/3/92

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