42849

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

14360 OWNER OR CONTRACTOR KAY HALL DATE 4/8/92 PERMIT NO. 14F-3-A 14

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL COUNTRY LIFE ESTATES MHP, 1ST LOT ON (B) S. R. No. _____

SUBDIVISION NAME JOHN S. KING EST. LOT NO. 14 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other PLANNED FOR FUTURE 3 BR

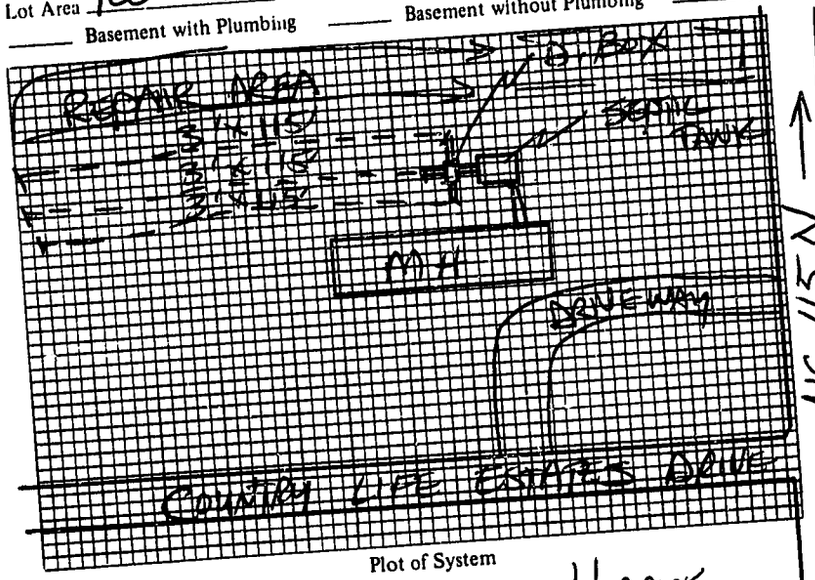
No. Bedrooms 2	No. Bathrooms 2		
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT2
Topography 4-6% HS
Depth to Water Table >4'
Rock or other impervious formations NONE

ACP 2/21/92

Lot Area 100 x 456

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by WAYNE POTTS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: ① MH NOT ON SITE AT TIME OF INSPECTION, KEEP MH MINIMUM 5' FROM SYSTEM ② REPAIR AREA IS 100% CONVENTIONAL GRAVITY FED.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 4/8/92

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