IREDELL COUNTY HEALTH DEPARTMENT

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

11963

OWNER OR CONTRACTOR SAM ARRINGTON DATE 9/10/90 PERMIT NO. 146-A-17

PHONE: Business 873-[illegible]768 Home

LOCATION NC 115N, TR SNOW CREEK RD, ~ 1Mi ON (L)

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 2 No. Bathrooms 1

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

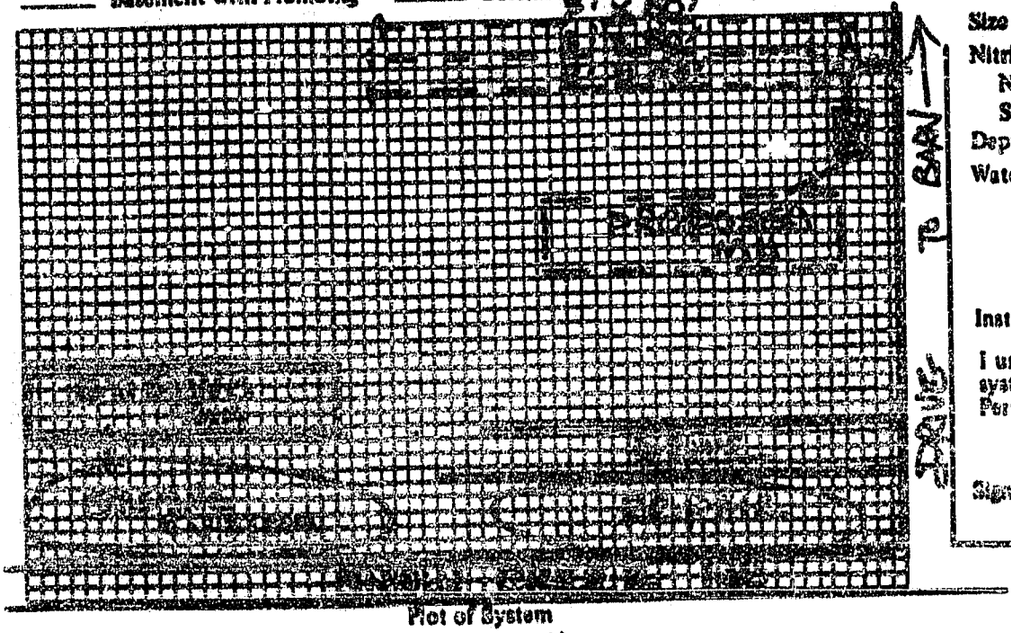
Character & Porosity of Soil PS
Percolation Rate .4
Topography 4-6%
Depth to Water Table >4'
Rock or other impervious formations SCATTERED GRAVEL SIZE ROCK

Lot Area 112.83 Ac

REPAIR AREA

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 6-12-90



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓ WELL AT BARN)
Public ( )

Installed by JAMES HUDDLER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: KEEP M.H. MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/10/90

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