IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR BRIAN & DENEIL SUAREZ DATE 1/31/92 PERMIT NO. 6M-A-38A

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKSBORO ROAD, TL BRADLEY FARM ROAD TR SARA LANE, AT END ON (L) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2	Character & Porosity of Soil	PS
Garbage Disposal Unit	Yes ( ) No (✓)	Percolation Rate	.35 GPD/FT²
Auto. Dishwasher	Yes (✓) No ( )	Topography	2-4% LS
Auto. Wash. Machine	Yes (✓) No ( )	Depth to Water Table	> 4'
Site Suitable	Yes (✓) No ( )	Rock or other Impervious formations	NONE

Lot Area AMPLE

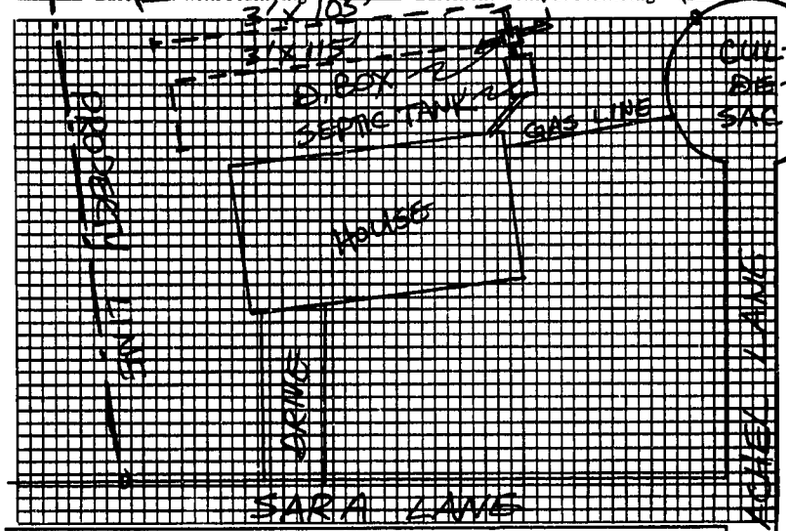
_____ Basement with ~~Plumbing~~ _____ Basement without Plumbing No Basement

ACP 11/1/91

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 (✓)



Plot of System

Installed by A-1 BACKHOE

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 STEVEN HEDRICK DATE _____

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 suppiled in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold