39092

IREDELL COUNTY HEALTH DEPARTMENT

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

52 & 53
12360 OWNER OR CONTRACTOR JOE THOMAS DATE 7/2/91 PERMIT NO. 9A-6-A 52 & 53

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKSBORO RD, TR NORTHMONT RD ON (L) ~ 1/4 MILE. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2½

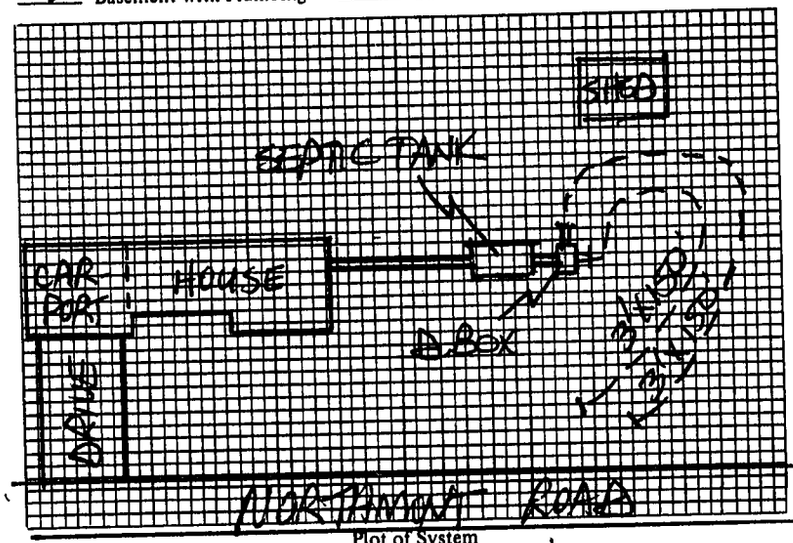
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT2
Topography 6-10% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

TP 4/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by TOMMY COTHREN

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HERRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HERRICK DATE 7/2/91

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