IREDELL COUNTY HEALTH DEPARTMENT

38979

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

12311

OWNER OR CONTRACTOR EDWARD & CHERYL RAMEY DATE 4/3/91 PERMIT NO. 9A6-A-93

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKESBORO RD, TR NORTHMONT DR (PAST MORRISON CREEK BRIDGE) 1ST LOT ON (L) S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.33 GPD / FT2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>4'
			Rock or other impervious formations	NONE

Lot Area _____

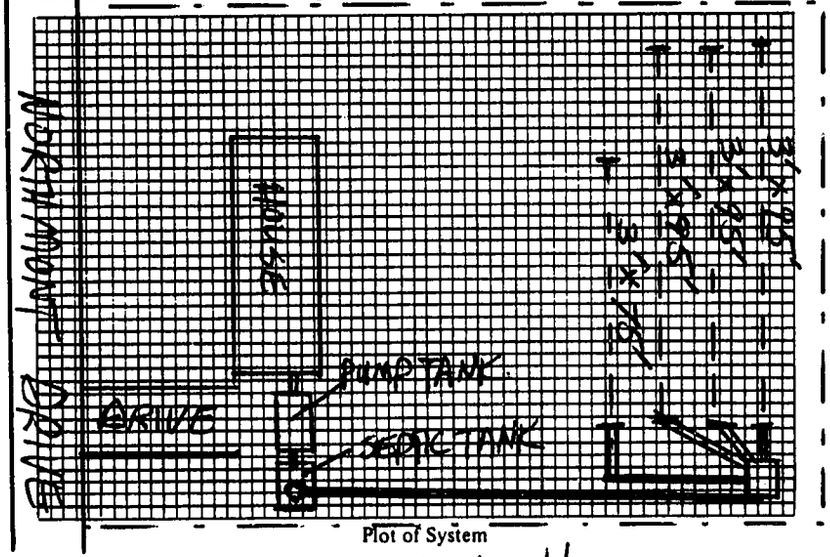
Basement with Plumbing ____ Basement without Plumbing ____ ✓ No Basement

PT- 1000 7/30/90

Size of Tank ST- 1000 Gals. 12/2/90

Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by JAMES HUBLER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: 3/4 Hp GOULDS PUMP INSTALLED.

CERTIFICATE OF COMPLETION BY STEVE 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 supplied in making Improvements Permit.

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