IREDELL COUNTY HEALTH DEPARTMENT

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

REPAIR

OWNER OR CONTRACTOR JIM LOVE DATE 8/5/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR S. CHIPLEY FORD RD, ON (L) ~ 1/8 MI PAST RED CHIMNEY RD. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes ( ) No (✓)

Site Suitable Yes ( ) No ( )

Lot Area AMPLE

Character & Porosity of Soil PS

Percolation Rate 1 GAL/FT

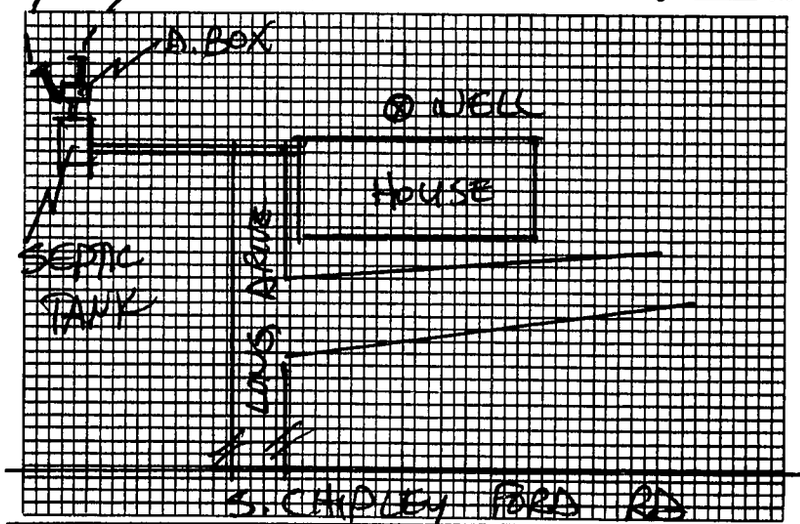
Topography 2-4% LS

Depth to Water Table >4'

Rock or other impervious formations ROCK AT ENDS OF LINES

1 Basement with Plumbing ____ Basement without Plumbing ____ ✓ No Basement

ACP 6/19/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 200 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓ well)
Public ( )

Installed by JAMES HUNTER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HENDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 8/5/91

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