IREDELL COUNTY HEALTH DEPARTMENT

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

12259

OWNER OR CONTRACTOR OLDE TOWNE MOBILE HOMES DATE 4/10/91 PERMIT NO. 4LA55A

PHONE: Business _____ Home _____

LOCATION I-77 S, TL AMITY HILL, TR OLDE TOWNE MHP 3RD LOT ON (L) S. R. No. _____

SUBDIVISION NAME OLDE TOWNE MOBILE HOMES LOT NO. 4 SECTION OR BLOCK NO. _____
D.W. SMITH EST.

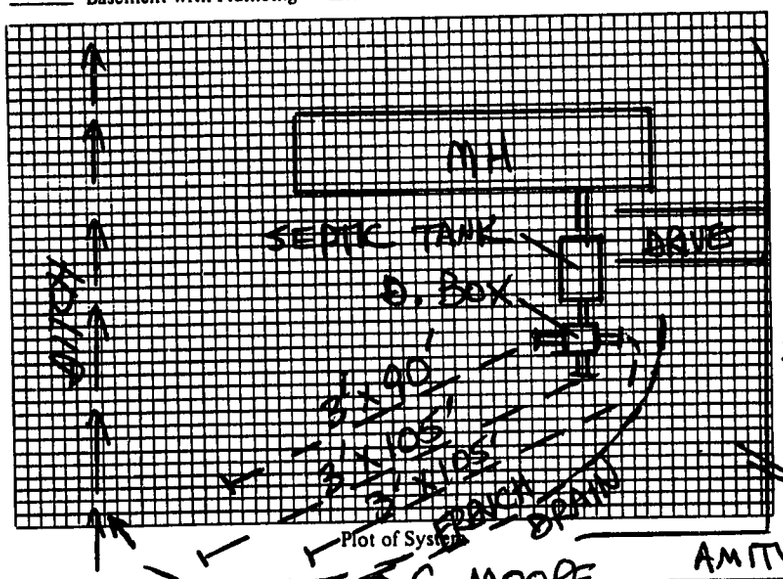
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 100' X 200'

Character & Porosity of Soil CLAYEY PS
Percolation Rate .25 GPD 1/ FT2
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations NONE

ACP 2/23/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



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 (✓) WELL
Public ( )

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/10/91

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