IREDELL COUNTY HEALTH DEPARTMENT

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

#911

WNER OR CONTRACTOR Andrew Vrider DATE 5/12/89 PERMIT NO. 177

ONE: Business _____ Home _____

CATION 21A R Temlin 1mi Right MH off Road

_____ S. R. No. _____

BDIVISION NAME _____ LOT NO. _____ SECTION OF: BLOCK NO. _____

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

#2 in future

. Bedrooms 2 No. Bathrooms 1 Character & Porosity of Soil sandy clay Lo

rbage Disposal Unit Yes ( ) No (✓) Percolation Rate 9.3

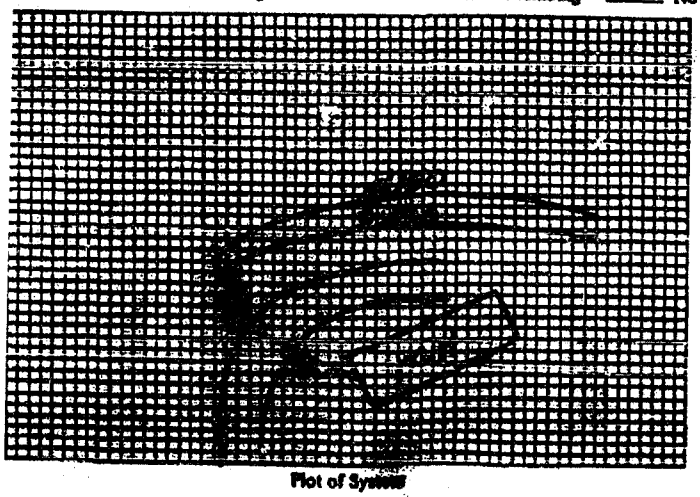
uto. Dishwasher Yes (✓) No ( ) Topography 2to 5%

uto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10ft

te Suitable Yes (✓) No ( ) Rock or other impervious formations none

ot Area 8 AC

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Al Backhoe

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

Signed: _____

MPROVEMENTS PERMIT BY [signature]

OMMENTS _____

CERTIFICATE OF COMPLETION BY [signature] DATE 5/12/89

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 Improvement Permit.

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

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