IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 37027
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

11109

OWNER OR CONTRACTOR LARRY LOVE DATE 11/27/90 PERMIT NO 138-A-18

PHONE: Business _____ Home _____

LOCATION 21 N, TR CHURCHES LAKE ~ 2 mi ON (R)

S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

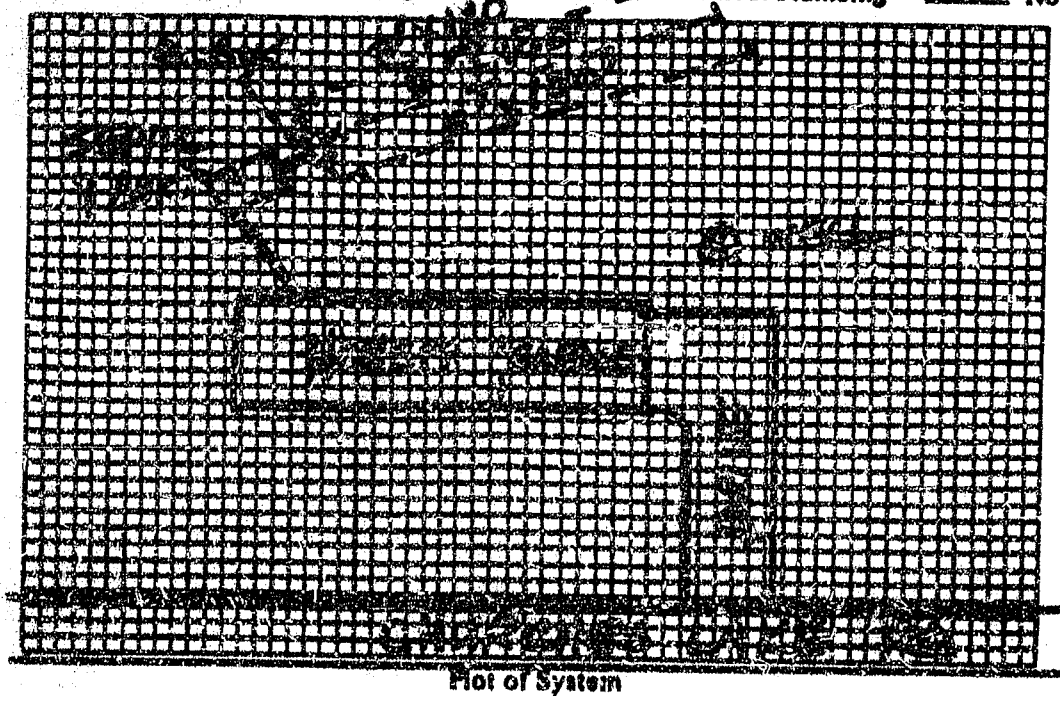
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 2 AC

Character & Porosity of Soil PS
Percolation Rate 4 60 MPI / FT 2
Topography 2-8 %
Depth to Water Table 10'+
Rock or other impervious formations NONE

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

TP 8/20/90



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 Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY Dr. WEAVER

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Hedrick DATE 11/28/90

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