40355

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13008 OWNER OR CONTRACTOR ANITA P. MILLER DATE 10/2/91 PERMIT NO. 126-A-25

PHONE: Business _____ Home _____

LOCATION US 21 N, TR CHIEF THOMAS ROAD, 1.3 MILES ON (L) S. R. No. _____

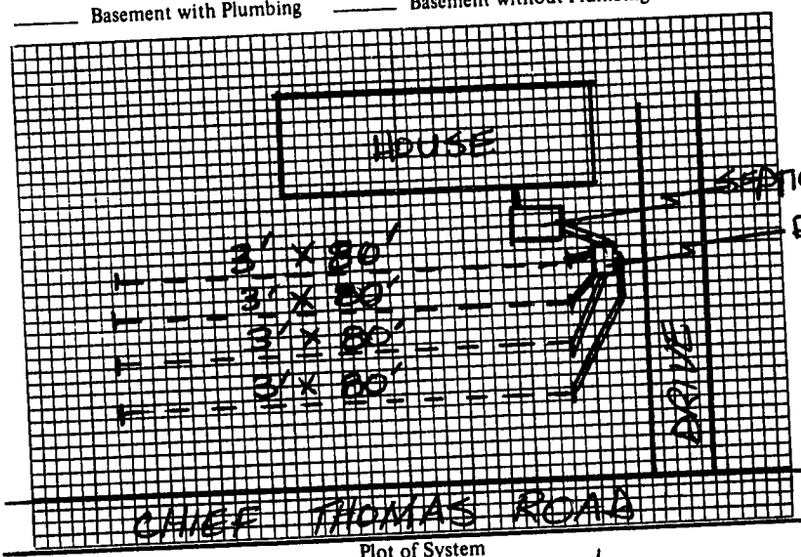
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 4	No. Bathrooms 2		
Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .375 GPD / FT2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 6-8% LS
Site Suitable	Yes (✓)	No ( )	Depth to Water Table > 4'
			Rock or other impervious formations NONE

Lot Area 1.5 AC ⊗ WELL RST 9/2/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL Public ( )

Installed by LARRY POWELL / POWELL BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/2/91

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