IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 39216
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12356

OWNER OR CONTRACTOR ROBIE NICHOLS, JR DATE 5/8/91 PERMIT NO. 12E-A-16

PHONE: Business _____ Home _____

LOCATION OLD MOCKSVILLE HWY N, TL BETHEL CH. RD, 1ST DRIVE ON (L) S. R. No. _____

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

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

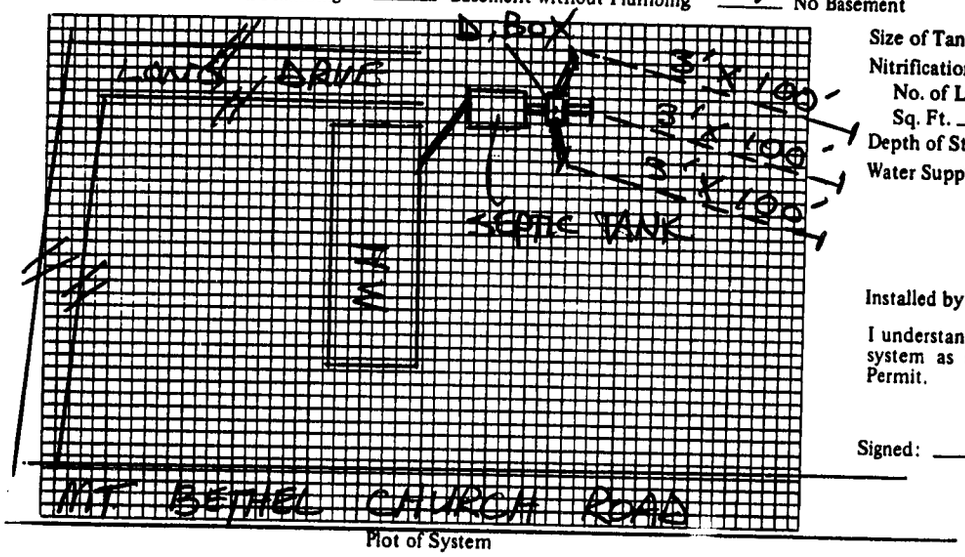
No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 GPD / FT²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10% LS
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	> 4'
			Rock or other impervious formations	SCATTERED ROCK

Lot Area 36 ACRES

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 4/13/91



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 DENNIS GALLAGHER

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 5/8/91

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