IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION SP-A-49
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12720
OWNER OR CONTRACTOR HARLEE LEVAN DATE 5/30/91 PERMIT NO. SPA-49

PHONE: Business _____ Home _____

LOCATION US 70E, TL ELMWOOD RD, 1 MI TR PRIVATE ROAD AT END ON (R) S. R. No. _____

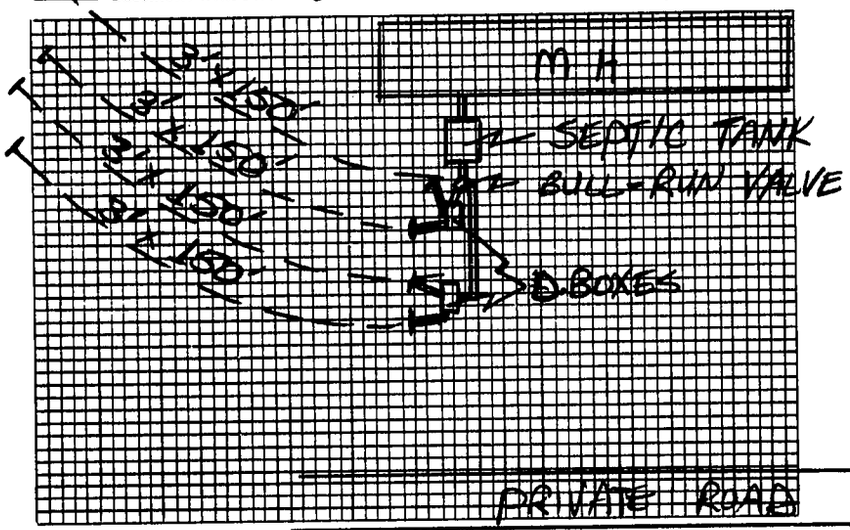
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 14 ACRES

Character & Porosity of Soil PS
Percolation Rate .2 GAD /FT2
Topography 2-6%
Depth to Water Table > 4'
Rock or other impervious formations DENSE CLAY AT 3-14"

✓ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement TP 2/27/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1800 Linear Ft. 600
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( ) NEXT DOOR

Installed by ROBERT BROWN

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. MOORE

COMMENTS: EXCELLENT INSTALLATION JOB!
ALTERNATE NITRIFICATION FIELDS PERIODICALLY TO PROPERLY MANAGE SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 5/30/91

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