IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 40426
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13005
OWNER OR CONTRACTOR STEVEN LYNN STEELE DATE 7/10/91 PERMIT NO. 12J-A-96

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TR KINDER RD, ~ 1 MILE ON (L) JUST BEFORE CHICKEN HOUSE S. R. No. _____

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

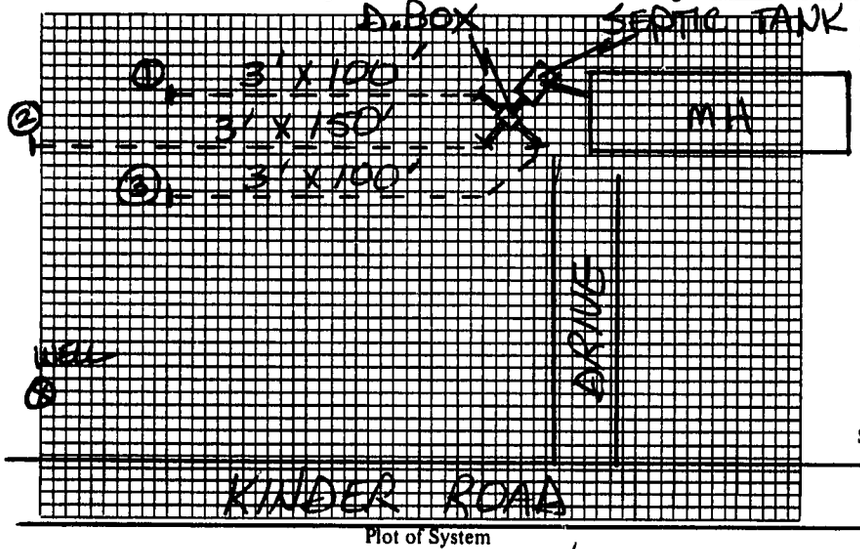
House ( ) Mobile Home (✓ DBL WIDE) Business ( ) Other _____

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 AMPLE

Character & Porosity of Soil DS
Percolation Rate .4 GPD/FT2
Topography 6-8% COMPLEX HS
Depth to Water Table 54"
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 5/9/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12" *
Water Supply: Individual (✓ WELL)
Public ( )

Installed by KEITH SPEECE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: * DUE TO SHALLOW DEPTH OF STONE IN LINES #1 & #2, 50' LINEAR EXTRA LINE ADDED TO LINE #2.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 7/10/91

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