IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 4/119
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13399
OWNER OR CONTRACTOR MICHAEL MILLSAPS DATE 9/12/91 PERMIT NO. MK-1-A, 6&7

PHONE: Business _____ Home _____

LOCATION NC 115N, TL DAMASCUS CH RD, ON (R) JUST BEFORE HARTNESS FARM RD. S. R. No. _____

SUBDIVISION NAME MINNIE BRAKEFIELD EST. LOT NO. 6&7 SECTION OR BLOCK NO. _____

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

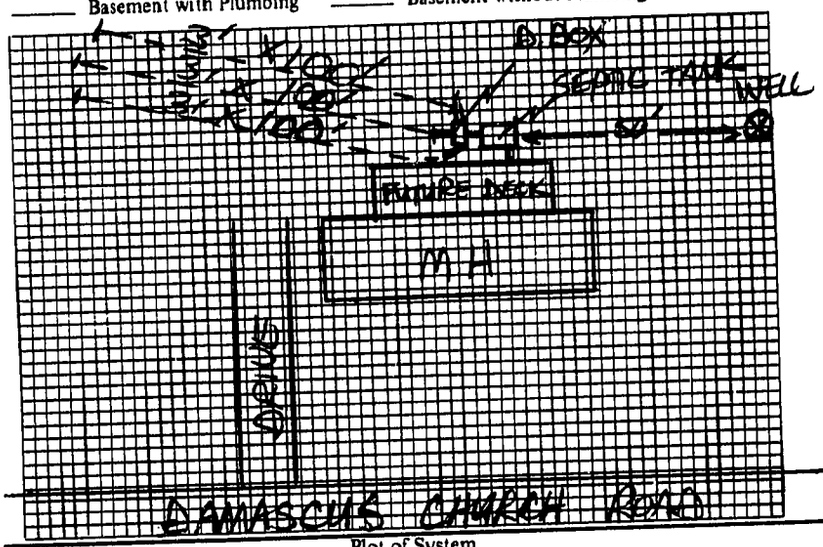
No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate 4 GPD 1PT 2
Topography 4-6% RS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

ACP 7/26/91

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



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 KENNY PEARSON

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 9/13/91

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