Luther Carson on Terminal

IREDELL COUNTY HEALTH DEPARTMENT 40203

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

12820

OWNER OR CONTRACTOR TAMRA C. SHERRILL DATE 6/5/91 PERMIT NO. 14K-1-A-8

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL DAMASCUS CH. RD., ONE MILE ON (R)

_____ S. R. No. _____

SUBDIVISION NAME MINNIE BRAKEFIELD EST LOT NO. 8 SECTION OR BLOCK NO. _____

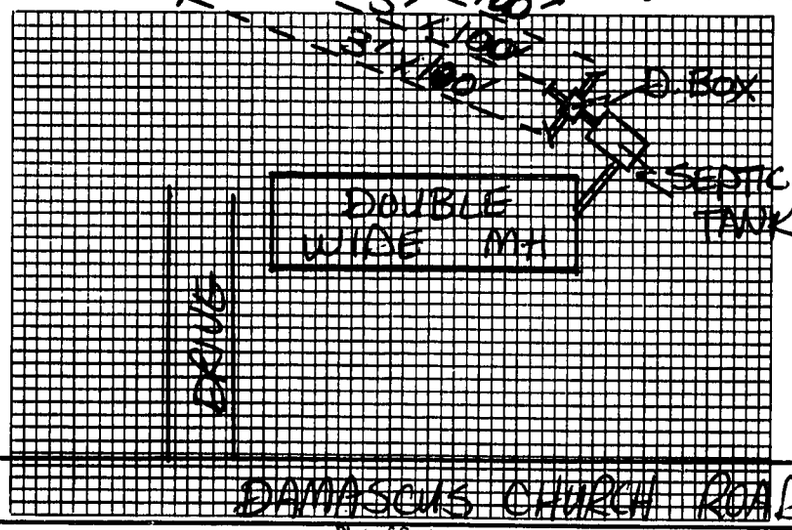
House ( ) Mobile Home (✓) DBL-WIDE Business ( ) Other _____

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 PS
Percolation Rate .4 GPD / FT²
Topography 2-6%
Depth to Water Table >4'
Rock or other impervious formations SCATTERED SURFACE ROCK

TP 3/10/91

_____ 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 (✓)
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 BROWN

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 6/5/91

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