IREDELL COUNTY HEALTH DEPARTMENT

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

11896 PERMIT NO. KM-A-109 DATE 1/23/91

OWNER OR CONTRACTOR CHARLES KEVIN SOUTHER

PHONE: Business _____ Home _____

LOCATION NC 115 N - TL MTN VIEW RD, TL BROOKHAVEN, TL SHOEMAKER 2ND ENT 1ST ON (R) S. R. No. _____

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

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 / PTS
Topography 2-8 %
Depth to Water Table > 4'
Rock or other impervious formations SOME ROCK

Lot Area AMPLE

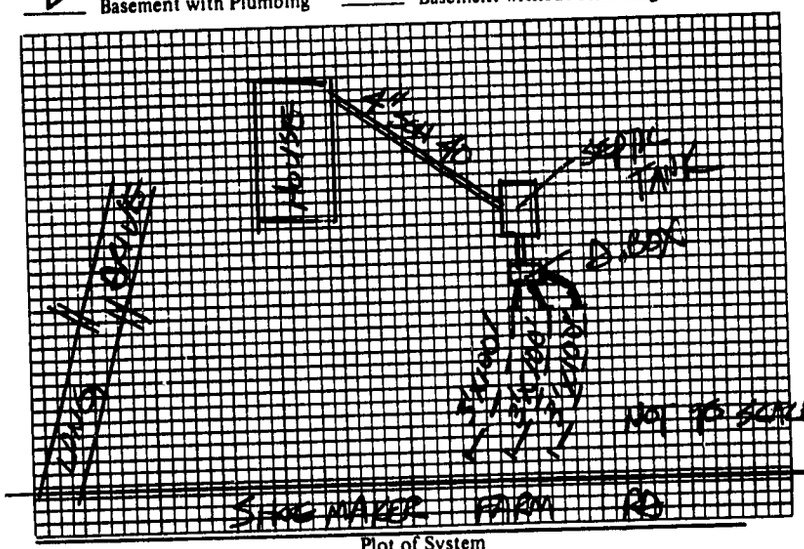
(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

ACP 11/8/90

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 ( )



Plot of System

Installed by DONALD LACKEY

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

Signed: _____

IMPROVEMENTS PERMIT BY GLENN FOX, JR

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/23/91

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