IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12039

OWNER OR CONTRACTOR RAYMOND KISER DATE 10/3/90 PERMIT NO. ISD-A-168

PHONE: Business _____ Home _____

LOCATION NC 115N, TL MTN VIEW RD. TR LOVE VALLEY, TL MITCHELL RD, TL BACON RD, 2ND MH ON (L) 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 ADEQUATE

Character & Porosity of Soil PS
Percolation Rate 4
Topography 6-10% LS
Depth to Water Table >4'
Rock or other impervious formations SCATTERED ROCK

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

STB 9/13/90

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓) NEIGHBOR WELL
Public ( )

Plot of System

Installed by A-1 BACKHOE

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HENDRICK

COMMENTS: KEEP SYSTEM MINIMUM 5' FROM M.H.

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE 10/3/90

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