IREDELL COUNTY HEALTH DEPARTMENT WASHER BOX

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

OWNER OR CONTRACTOR JIM MITCHELL DATE 9/26/90 PERMIT NO REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MTN VIEW RD, TR BACON RD, GO ~ 1MI, HOUSE ON (L) S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2 1/2

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
Topography 4-6% LS
Depth to Water Table 24"
Rock or other impervious formations SOME ROCK

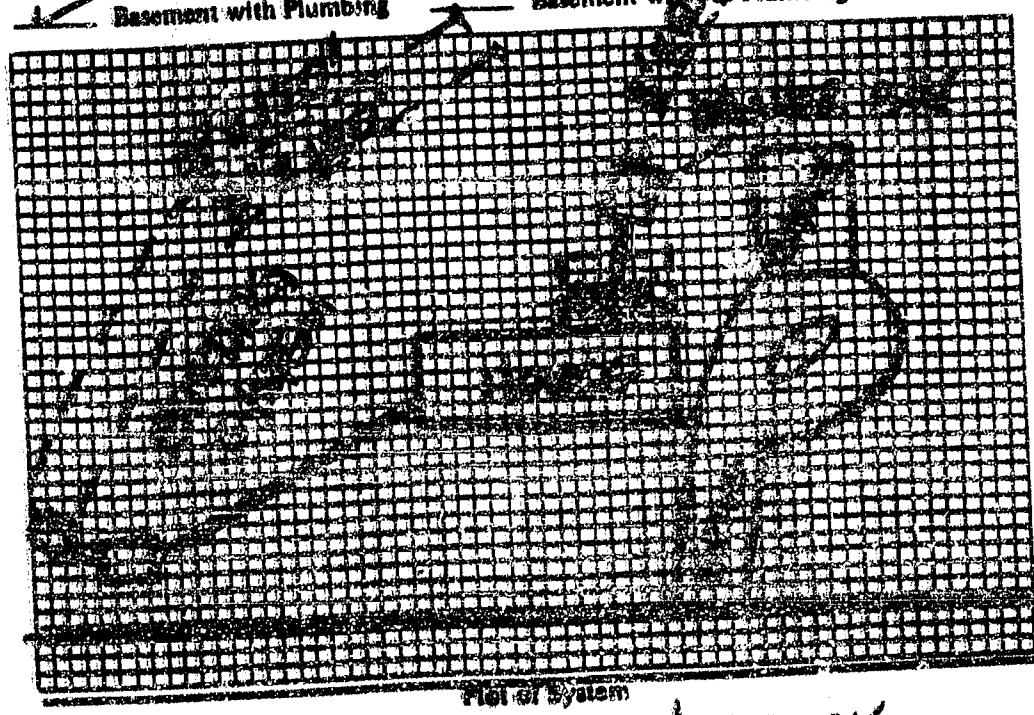
Lot Area 1 ACRE

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

Size of Tank 1000 GAL STB 75 W.B1 Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 150 Linear Ft. 50
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
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 HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 9/26/90

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