IREDELL COUNTY HEALTH DEPARTMENT

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

13261 41028

OWNER OR CONTRACTOR KAY C. PRUITT DATE 9/4/91 PERMIT NO. 15D-A-1A

PHONE: Business _____ Home _____

LOCATION NC 115N, TL COOLBROOK RD, ON (R) 0.9 MILE PAST PAVEMENT END S. R. No. _____

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

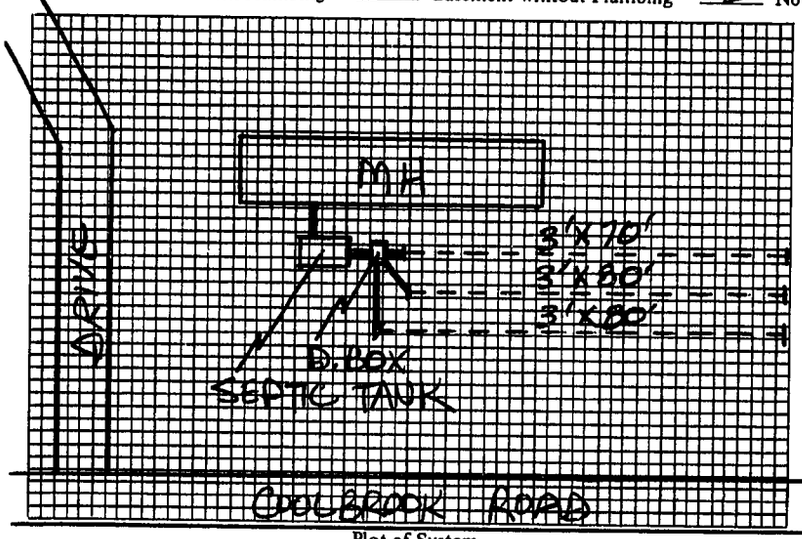
House ( ) Mobile Home (✓) Business ( ) Other _____

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 AMPLE

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT2
Topography 10-15% LS
Depth to Water Table >4'
Rock or other impervious formations SCATTERED SURFACE ROCK

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 7/16/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

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 9/4/91

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