IREDELL COUNTY HEALTH DEPARTMENT

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

13845

OWNER OR CONTRACTOR JOHN REDMOND DATE 1/10/92 PERMIT NO. 15N-A-56

PHONE: Business _____ Home _____

LOCATION NC 115N, TL LINNEY'S MILL ROAD, TR OAK HOLLOW ROAD, 1ST HOUSE ON (R) S. R. No. _____

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

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

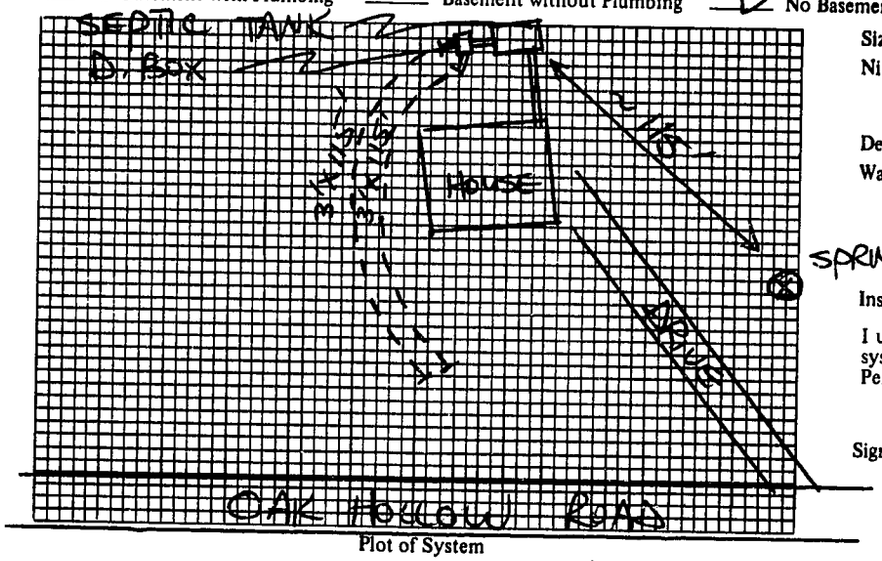
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.35 GPD/FT2	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-8%	HS
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	>4'	
			Rock or other impervious formations	SCATTERED	ROCK

Lot Area 3.95 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 10/20/91



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 690 Linear Ft. 230
Depth of Stone in Lines 12"

Water Supply: Individual (✓) SPRING
Public ( )

Installed by TOM HAPPNESS

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 / KELLY SHEEKS DATE 1/10/92

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