IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

REPAIR

OWNER OR CONTRACTOR DWIGHT CALL DATE 9/16/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL MOUNTAIN VIEW RD, TR LOVE VALLEY RD, 1ST HOUSE ON (R)

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other REPAIR

No. Bedrooms 3 No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Washing Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area AMPLE

Character & Porosity of Soil _____

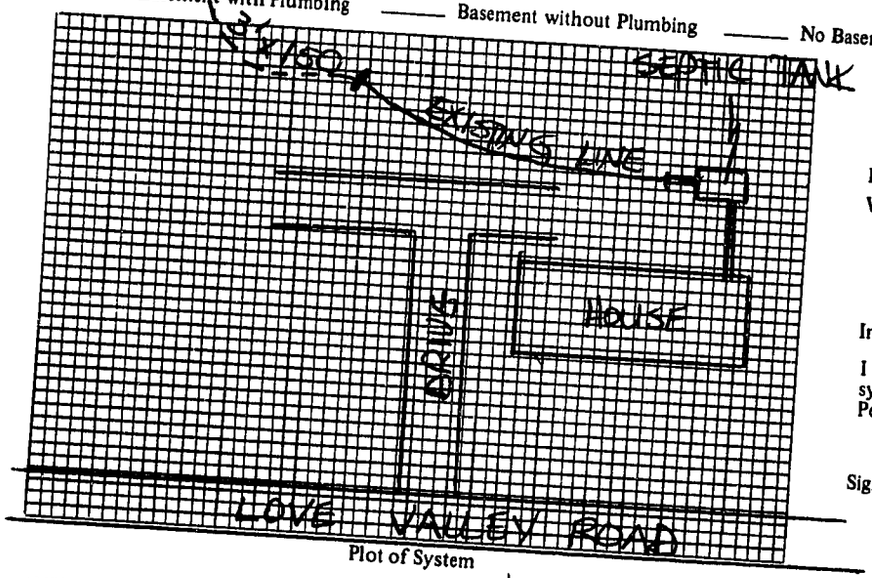
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations REPAIR

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 450 Linear Ft. 150

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. ⊗ WELL

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK

EXISTING SYSTEM CHECKED BY: _____ DATE 9/16/91

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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