IREDELL COUNTY HEALTH DEPARTMENT

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

12352
OWNER OR CONTRACTOR MARY F. BLACK DATE 1/24/91 PERMIT NO. 15C-A-2A

PHONE: Business _____ Home _____

LOCATION NC115N, TL MTN VIEW RD, TR LOVE VALLEY RD, CROSS BRIDGE ON (R) AT TOP OF HILL. S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) (Other) CAMPER - TEMPORARY RESIDENCE

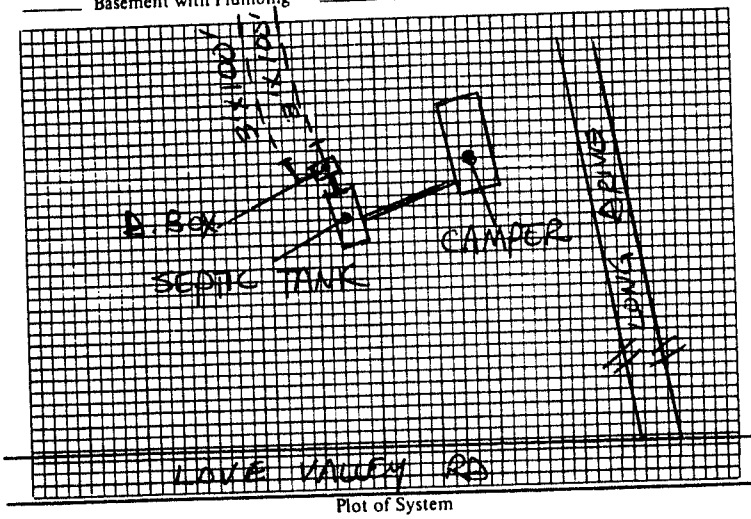
No. Bedrooms 2 No. Bathrooms 1

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 GPD / FTS
Topography 6-10% LS
Depth to Water Table >4'
Rock or other impervious formations SCATTERED WEATHERED ROCK

Lot Area 12 AC.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public (✗)

Installed by _____

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

Signed: X Mary F. Black

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: ① KEEP SYSTEM MINIMUM 5' FROM CAMPER
② INSTALL LINES ON CONTOUR, NO DEEPER THAN 24", 9' ON CENTER.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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