IREDELL COUNTY HEALTH DEPARTMENT 40458

12993 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR WESLEY & GRACE LOVETT DATE 6/28/91 PERMIT NO. 15D-A-75

PHONE: Business _____ Home _____

LOCATION NC 115 N TL MOUNTAIN VIEW RD, TR LOVE VALLEY RD, ON (R) AT END OF PAVEMENT S. R. No. _____

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

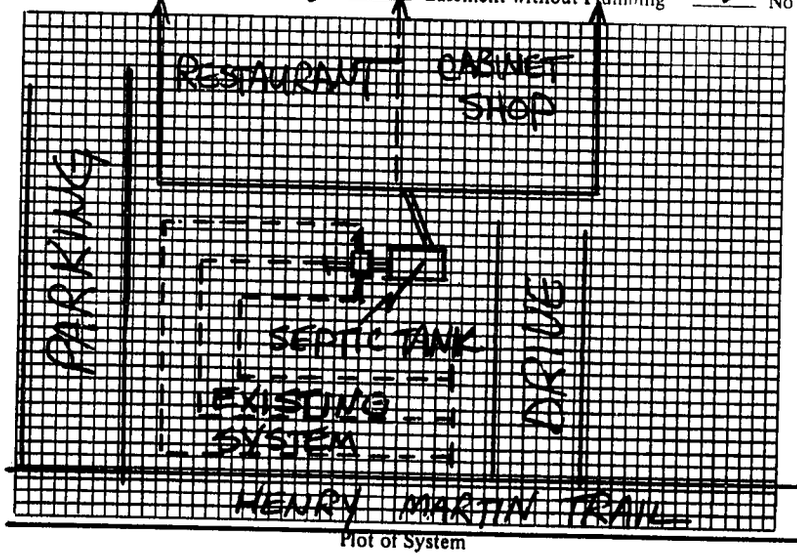
House ( ) Mobile Home ( ) Business (✓) Other RESTAURANT W/ 8 SEATS

No. Bedrooms — No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate _____
Auto. Wash. Machine	Yes ( )	No (✓)	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table EXISTING
			Rock or other impervious formations _____

Lot Area LIMITED

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: SYSTEM IS SIZED FOR 8 SEATS USING APPLICATION RATE OF .4 GPD/FT² AS PER J. C. MOORE. WATER SUPPLY APPROVED AS PER JIM ADAMS.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: STEVE HEDRICK DATE 6/28/91

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