IREDELL COUNTY HEALTH DEPARTMENT

12455 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 39318
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

~~OWNER~~ OR CONTRACTOR K. McCANN BUILDERS DATE 2/24/91 PERMIT NO. 14M-A-108

PHONE: Business _____ Home _____

LOCATION NC 115N, TL MTN VIEW RD TR MYRTLE RD, ON (R) ~ ¼ MILE

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

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

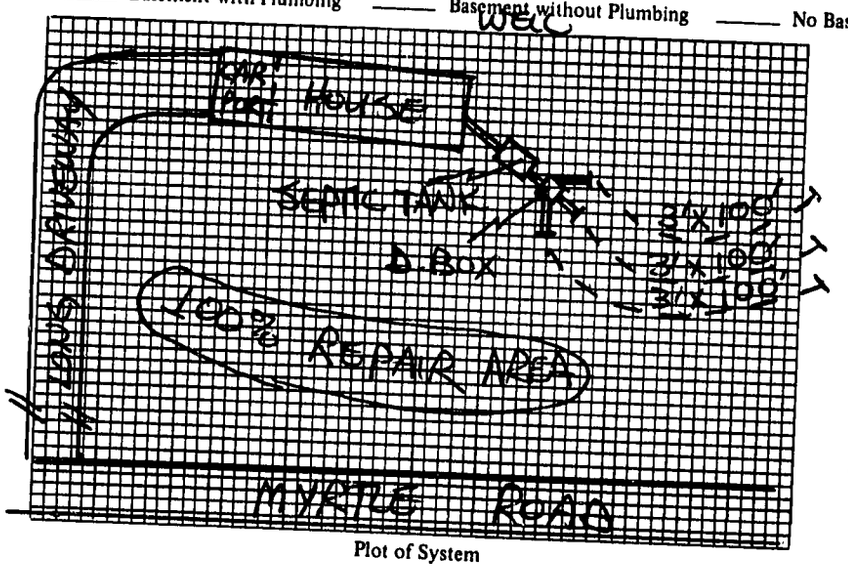
No. Bedrooms 3 No. Bathrooms 2

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 SS
Percolation Rate .4 GPD / FT²
Topography 8-10% NS
Depth to Water Table >4'
Rock or other impervious formations NONE

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

ACP 5/16/91
Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
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 6/24/91

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