10297.

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR JERRY RHYNE DATE 5-31-90 PERMIT NO. 14M-A-20

PHONE: Business _____ Home _____

LOCATION Hwy 115N-T.L. on Mt. View Rd - T.R. on Cross Country Rd. - 200 yds. on L in Drive.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

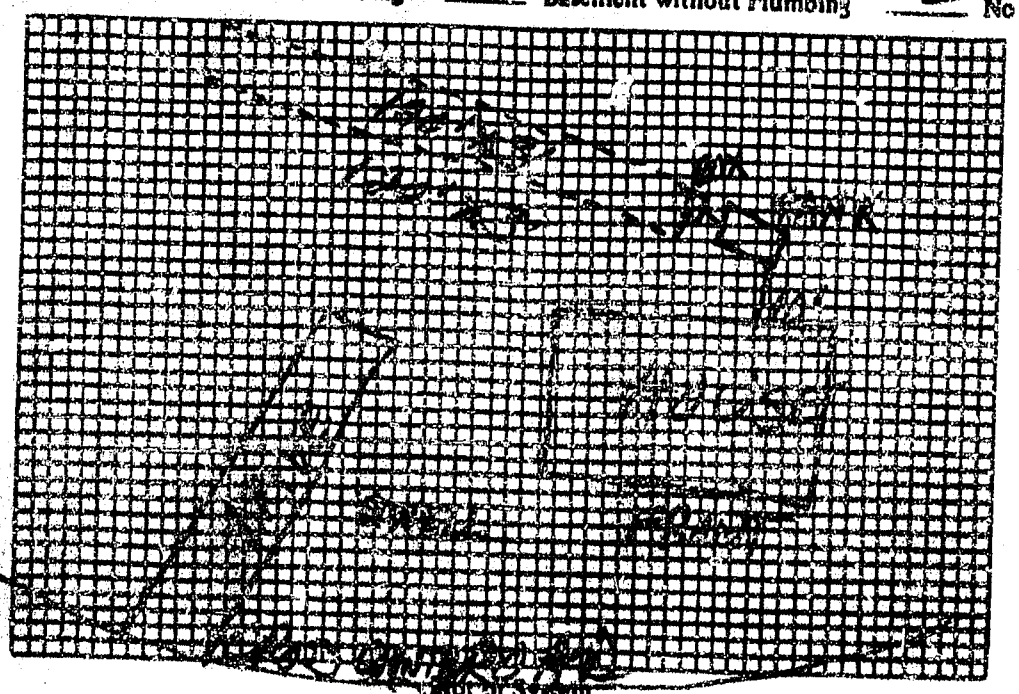
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 19 acres.

Character & Porosity of Soil Loam Suitable
Percolation Rate 37 gal/sq. ft.
Topography 2-8%
Depth to Water Table 18+
Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Dennis Sellers

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

Signed: _____

IMPROVEMENTS PERMIT BY Darrin Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 5-31-90

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 or system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Contractor's Copy: Pink Owner's Copy: Gold