IREDELL COUNTY HEALTH DEPARTMENT

13337 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR J.W. BILLINGS DATE 10/8/91 PERMIT NO. 14N-A-22A

PHONE: Business _____ Home _____

LOCATION (R) NC 115 N, TL CROSS COUNTRY RD, 2ND HOUSE ON _____ S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other REMODELING INTERIOR

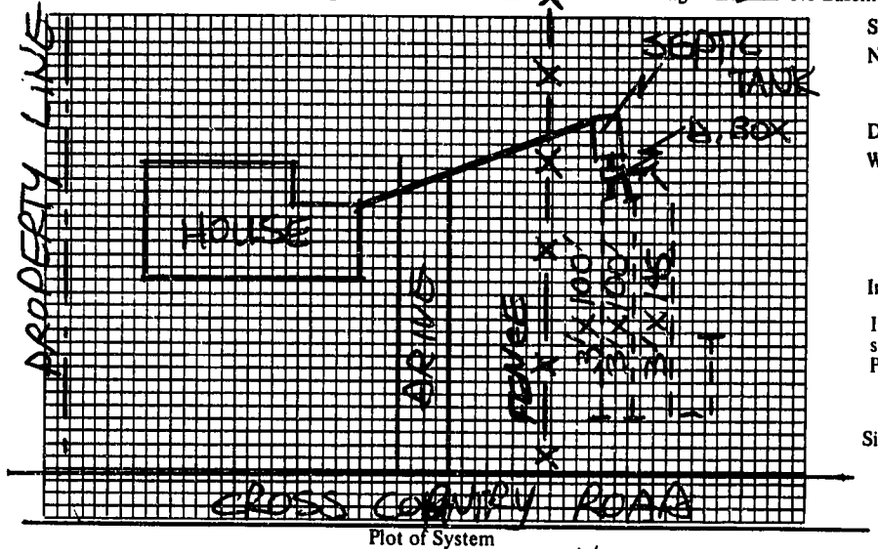
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 34.63 AC

Character & Porosity of Soil PS
Percolation Rate 35 GPD/FT²
Topography 10-15% NS
Depth to Water Table >4'
Rock or other impervious formations NONE

— Basement with Plumbing — Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓) SPRING
Public ( )

Installed by A-1 BACKHOE DENNIS GALLIHER

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

Signed: (X) SPRING

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/8/91

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