IREDELL COUNTY HEALTH DEPARTMENT

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

11906

OWNER OR CONTRACTOR Howard R. Gaither DATE 9/13/90 PERMIT NO 14J-A-13

PHONE: Business _____ Home _____

LOCATION NC 115N + TR Tuckers Grove Rd, on (R) IN CURVE BEFORE CREEK

SUBDIVISION NAME _____ LOT NO. _____ S. R. 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 0.640 Ac

Character & Porosity of Soil PS
Percolation Rate .4
Topography 2-4%
Depth to Water Table 24"
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

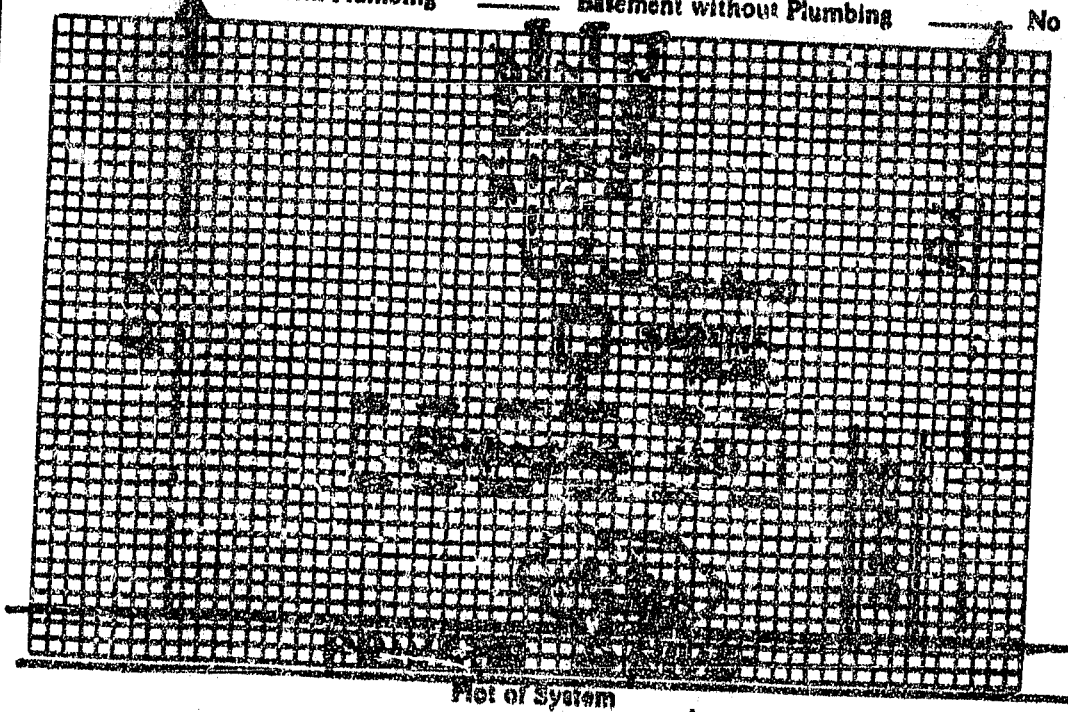
STB 7/20/90

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 (✓)
Public ( )

Installed by Howard Gaither James Hudson

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

Signed: _____



Plot of System

IMPROVEMENTS PERMIT BY Steve Harris

COMMENTS: Keep well minimum 50' from system.

CERTIFICATE OF COMPLETION BY Steve Harris

EXISTING SYSTEM CHECKED BY: _____ DATE 9/18/90

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