40824

IREDELL COUNTY HEALTH DEPARTMENT

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

13219
OWNER OR CONTRACTOR KEITH NELSON HOLLAR DATE 12/6/91 PERMIT NO. 15B-A-SC

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL CARDERWOODY ROAD, ON (R) ~ 1/4 MILE. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 3

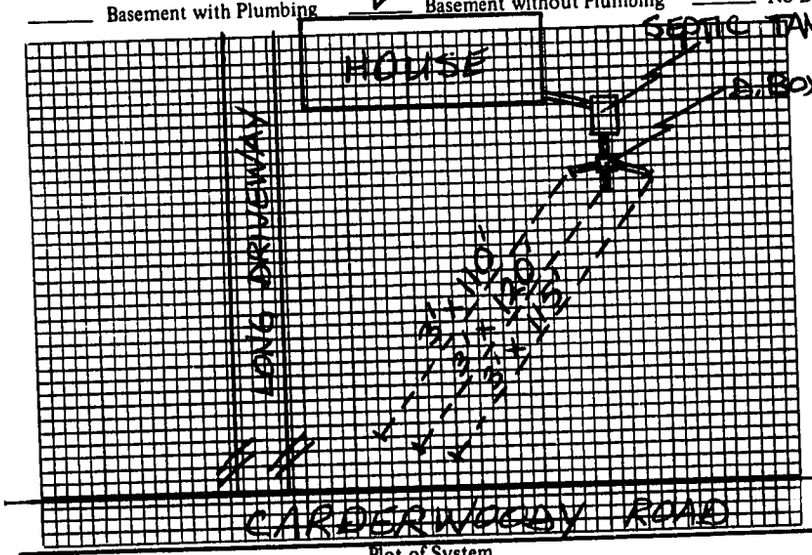
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 4.06 AC

Character & Porosity of Soil PS
Percolation Rate .35 SPD / FT²
Topography 8-10% LS
Depth to Water Table 24'
Rock or other impervious formations SCATTERED SURFACE ROCK
⊗ WELL

ACP 10/2/91

_____ 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 (✓) WELL
Public ( )

Installed by STEVE HEDRICK

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: SYSTEM WAS LEFT OPEN DURING HEAVY RAINS AND MAY AFFECT ITS OPERATING LIFE-SPAN.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 12/6/91

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