11993

# 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 MICHAEL HOLLAR DATE 9/18/90 PERMIT NO. 15B-A-SA

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL CARDERWOOD RD, ON (L) AT TOP OF HILL S. R. No. _____

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

House ( ) ~~DBLE WIDE~~ Mobile Home (✓) Business ( ) Other _____

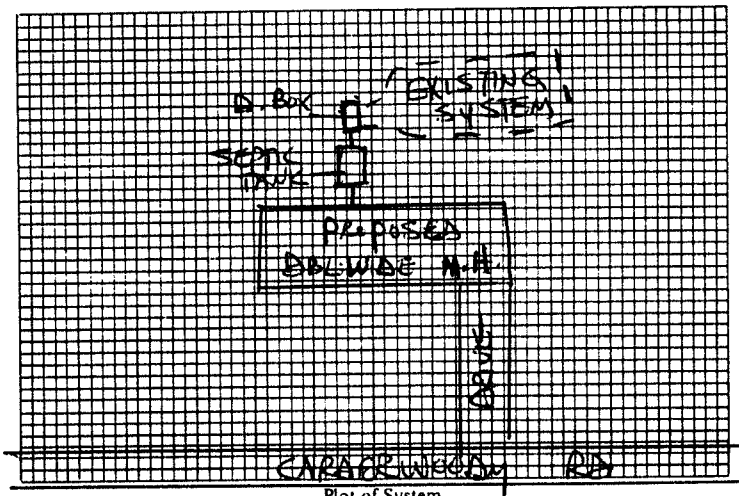
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil EXISTING
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 2.8 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. EXISTING Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓) NEIGHBORING WELL
Public ( )

Installed by _____

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

Signed: _____

⊗ WELL

IMPROVEMENTS PERMIT BY _____

COMMENTS: KEEP M.H. MINIMUM 5' FROM SYSTEM

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: STEVE HENDRICK 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