36600

IREDELL COUNTY HEALTH DEPARTMENT

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

11157

OWNER OR CONTRACTOR DWIGHT ANDERSON DATE 8/29/90 PERMIT NO. 15P-A-40

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR 888 RD, TL McCARTER, TR RIDGELINE ON (R) 500' OFF RD. S. R. No. _____

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

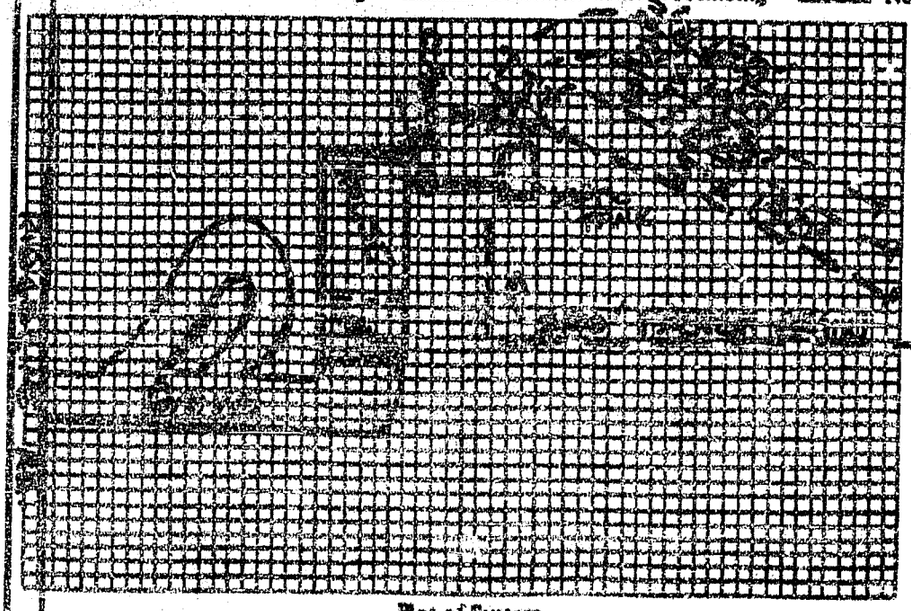
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No (✓)	Percolation Rate	.3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-8%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+'
			Rock or other impervious formations	NONE

Lot Area 30.89

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1120 Lineal Ft. 540

Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by DONALD LAKEY

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

Signed: _____

IMPROVEMENTS PERMIT BY D. WEAVER

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK / GLENN FOX, JR. DATE 8/29/90

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 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