IREDELL COUNTY HEALTH DEPARTMENT

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

12143 DATE 11/26/90 PERMIT NO. 15F-A-12

OWNER OR CONTRACTOR RACHEL ABRINGTON

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR PROJECT, TL MYERS MILL, TL MORGAN FORD, CROSS BRIDGE ON (L) ON KNOLL S. R. No. _____

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

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

No. Bedrooms	3	No. Bathrooms	2		
Garbage Disposal Unit	Yes ( )	No (✓)		Character & Porosity of Soil	PS
Auto. Dishwasher	Yes (✓)	No ( )		Percolation Rate	4 GPD / ET2
Auto. Wash. Machine	Yes (✓)	No ( )		Topography	10-15% N
Site Suitable	Yes (✓)	No ( )		Depth to Water Table	>4'
				Rock or other impervious formations	SCATTERED ROCK

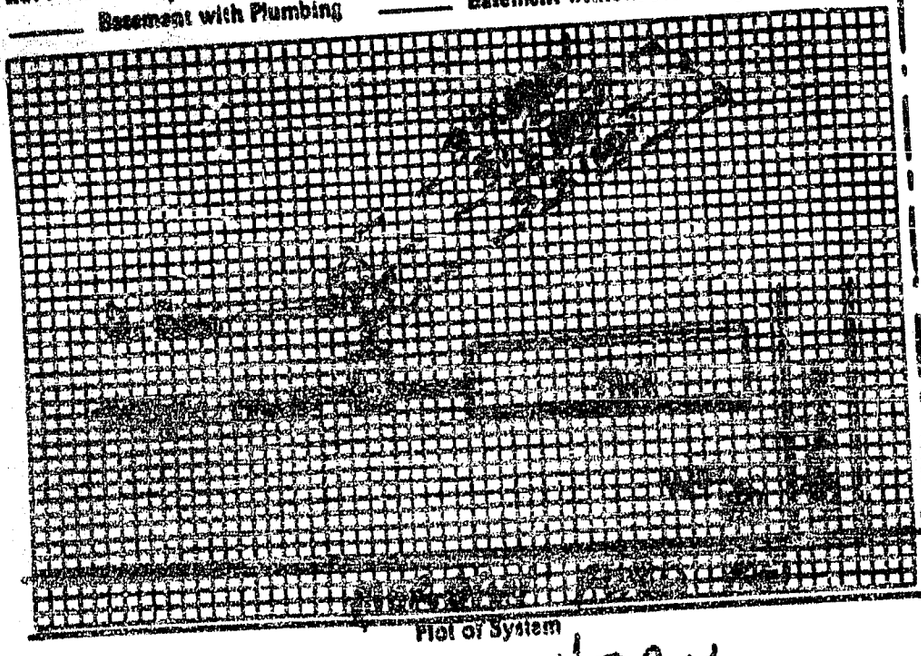
Lot Area 9.84 Ac. ACP 10/17/90

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by JOHN MENSCER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/26/90

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