IREDELL COUNTY HEALTH DEPARTMENT 39768

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

12633

OWNER OR CONTRACTOR PAULA A. FEIMSTER DATE 7/17/91 PERMIT NO. 13M-A-43

PHONE: Business _____ Home _____

LOCATION US 21 N, TL JENNINGS RD, TL BUSSELL RD ON (L) ~ 1/8 MILE, S. R. No. _____

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

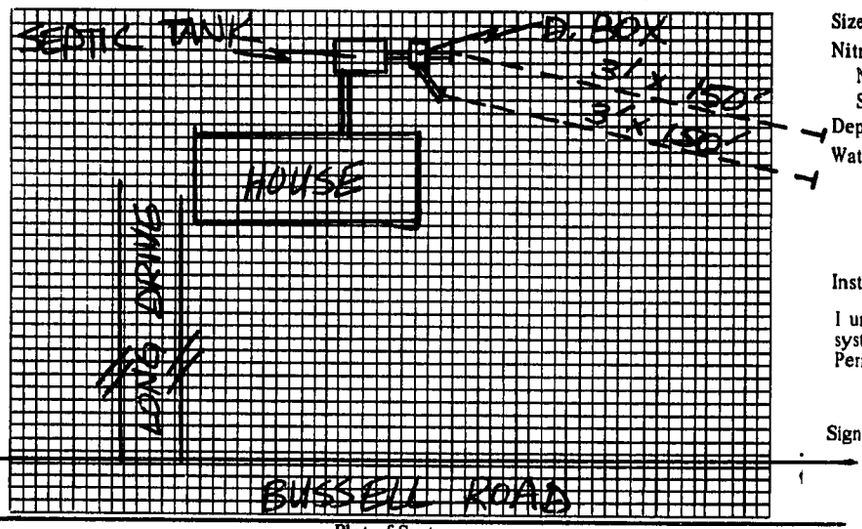
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 6 AC

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 6-B Sp LS
Depth to Water Table 54
Rock or other impervious formations NONE

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement

TP / 2/28/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by HARRY REED

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 7/17/91

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