40918

IREDELL COUNTY HEALTH DEPARTMENT

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

13079
OWNER OR CONTRACTOR MICHAEL E. BENOIST DATE 10/1/91 PERMIT NO. 13Q-A-13A

PHONE: Business _____ Home _____

LOCATION US 21N, TL JENNINGS RD, TL MT. VERNON CH. RD, ON (L) PAST MT. VERNON CHURCH. S. R. No. _____

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

House (✓) Mobile Home ( ) Business (✓) Other HOUSE w/ SHOP BATHROOM ② 460 GPD

No. Bedrooms 3 No. Bathrooms 2½

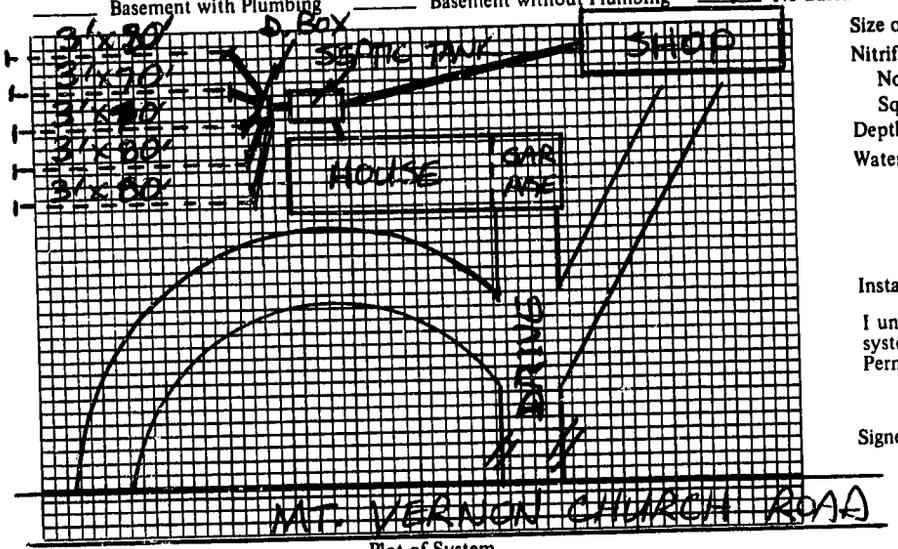
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area 8A ACRES

Character & Porosity of Soil PS
Percolation Rate 4 GPD / FT²
Topography 6-8% LS
Depth to Water Table >4'
Rock or other impervious formations NONE

RST 9/2/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 1140 Linear Ft. 380
Depth of Stone in Lines 12"
Water Supply: Individual (✓ WELL
Public ( )

Installed by NELSON HATHCOCK ~~HATHCOCK~~

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 10/1/91

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