Shew, David H

IREDELL COUNTY HEALTH DEPARTMENT

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

13610
OWNER OR CONTRACTOR J. H. MADISON DATE 10/30/91 PERMIT NO. 13L-A-31

PHONE: Business _____ Home _____

LOCATION I-77N, TR TOMLIN MILL, TL JOSEY, TR. OLIN, ON (R) ACROSS FROM OLIN POST OFFICE S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

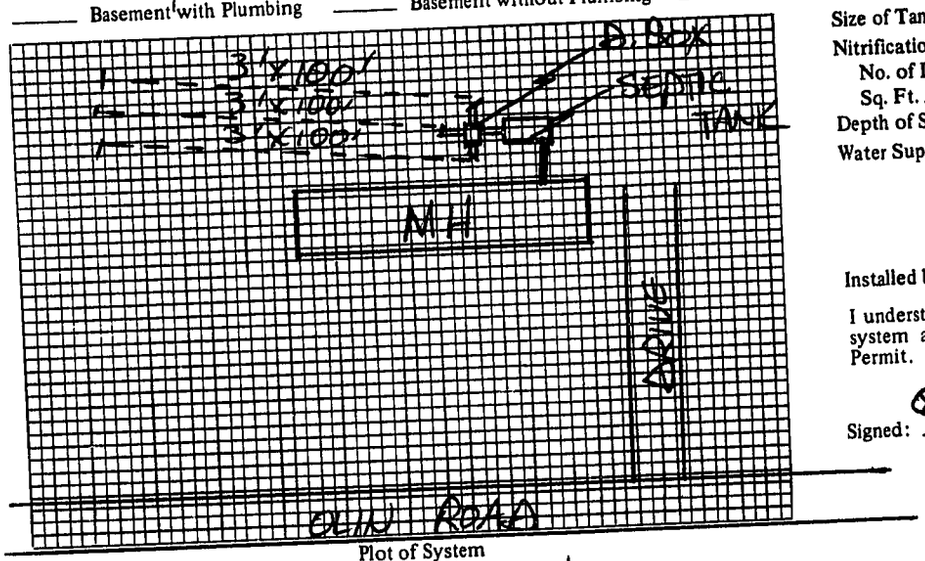
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil .4 PS GOD / FET2
Percolation Rate 8-10% HS
Topography
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 8/20/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by JOHN MENSLER

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

⊗ WELL

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/30/91

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