37476

IREDELL COUNTY HEALTH DEPARTMENT

11559

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

OWNER OR CONTRACTOR STEVE KNIGHT DATE 10/15/90 PERMIT NO 16H-A-16

PHONE: Business 872-2411 Home

LOCATION I-77 N, TL NC 901, ON (R) AT GEN PEIX (BEFORE)

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House ( ) Mobile Home ( ) Business (✓) Other 2400 FT² CONVENIENCE STORE & FOOD STAND

No. Bedrooms N/A No. Bathrooms 2

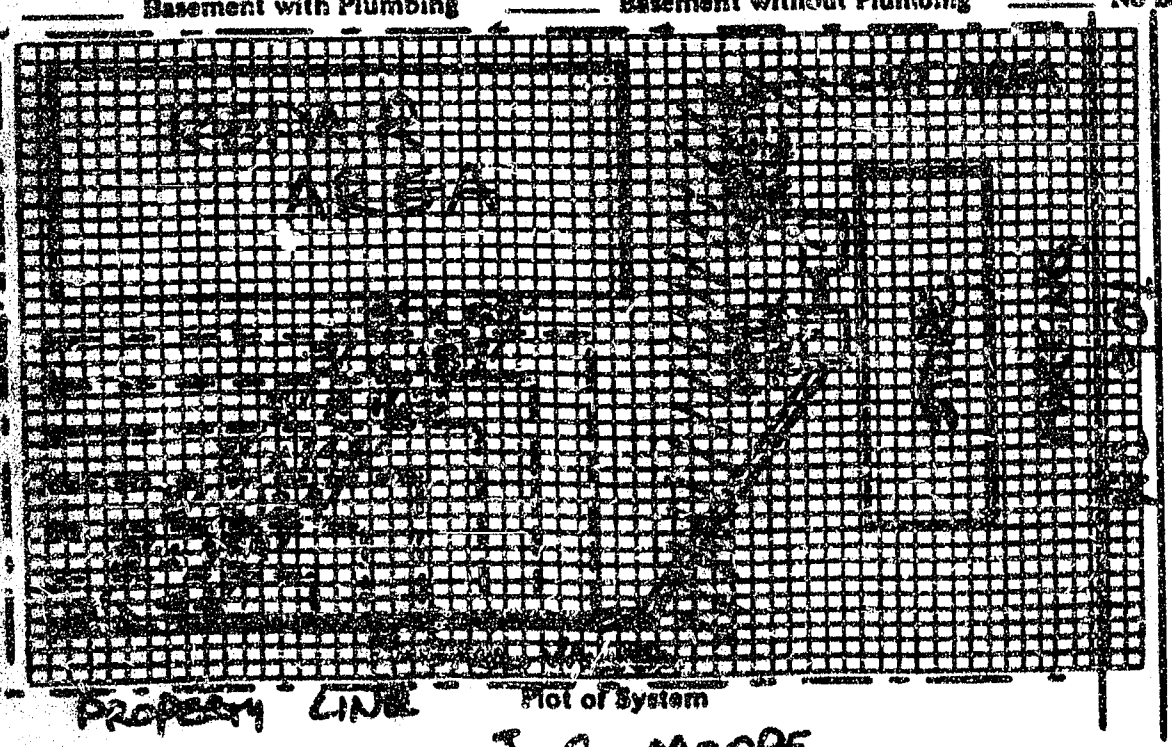
Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes ( )	No (✓)
Site Suitable	Yes (✓)	No ( )

Character & Porosity of Soil PS
Percolation Rate <4
Topography 2-6%
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1500 S.T.
Size of Tank 1500 P.T. Gals.
Nitrification Field:
No. of Lines 7
Sq. Ft. 2700 Linear Ft. 900
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by Tommy NIXON

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. MOORE

COMMENTS: TYPE IV SYSTEM REVIEW EVERY 3 YR.
CHECK DRAINFIELD TURN-UPS ~ EVERY 6 WEEKS FOR MINORS
AND TO INSURE EQUAL EFFLUENT DISTRIBUTION

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 10/15/90

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