IREDELL COUNTY HEALTH DEPARTMENT

39724

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

12610

OWNER OR CONTRACTOR ALBERT HOLBROOK DATE 6/27/91 PERMIT NO. 17F-A-46

PHONE: Business _____ Home _____

LOCATION US 21 N, TL LITTLE WILKSBORO RD, TR RABBIT HWY, TL KIMMON RD, BEHIND 2ND HOUSE ON (R) ~~PAST CHICKEN HOUSE~~ No. _____

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

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

No. Bedrooms 2 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 GPD / FT²
Topography 8-10% HS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area 3 ACRES

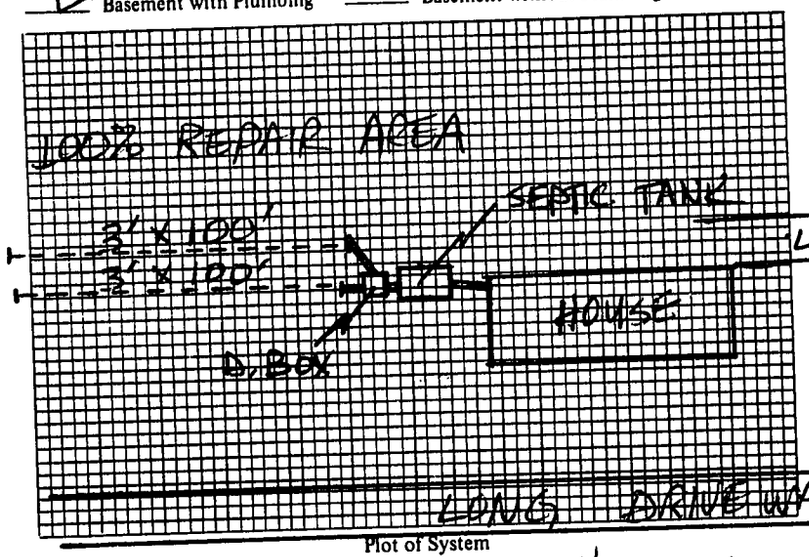
CRS 4/18/91

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

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL
Public ( ) "



Plot of System

LONG DRIVEWAY "

Installed by SAMMY REAVIS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 6/27/91

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