IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION 39/22
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

12306
OWNER OR CONTRACTOR ERNEST RUNGE DATE 2/12/91 PERMIT NO. 12N-6-A-17

PHONE: Business _____ Home _____

LOCATION US 21N, TL TOMLIN RD, TL HICKORY GROVE RD, TL WINAMILL CT, 1ST LOT ON (L) S. R. No. _____

SUBDIVISION NAME DUTCHMAN CREEK LOT NO. 17 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

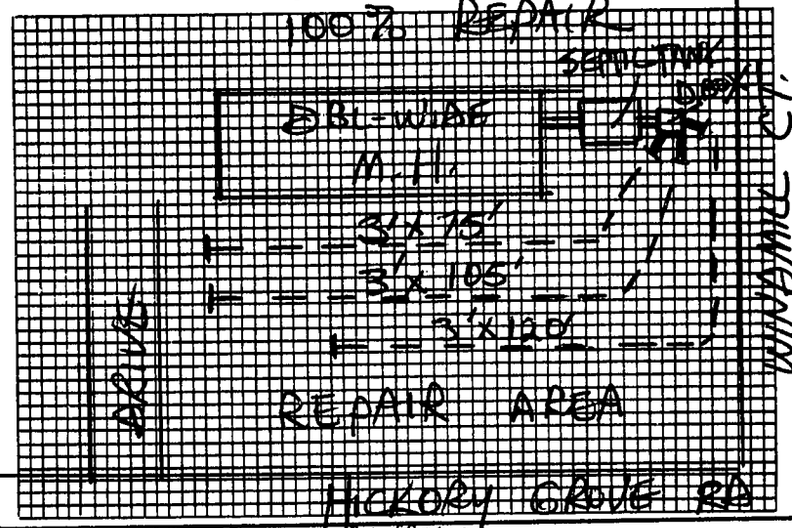
Character & Porosity of Soil PS
Percolation Rate .4 GPA / FT²
Topography 6-8% LS
Depth to Water Table > 4'
Rock or other impervious formations NONE

Lot Area AMPLE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

ACP 12-14-90

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 ( )
Public (✓)



Plot of System

Installed by A-1. BACKHOE

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 2/12/91

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