IREDELL COUNTY HEALTH DEPARTMENT

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

12554

OWNER OR CONTRACTOR RACHEL IRELAND DATE 3/26/91 PERMIT NO. 17C-A-17

PHONE: Business _____ Home _____

LOCATION US 21 N, TR BUTLER MILL RD, ON (R) ~ 2 MI AT TOP OF HILL S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

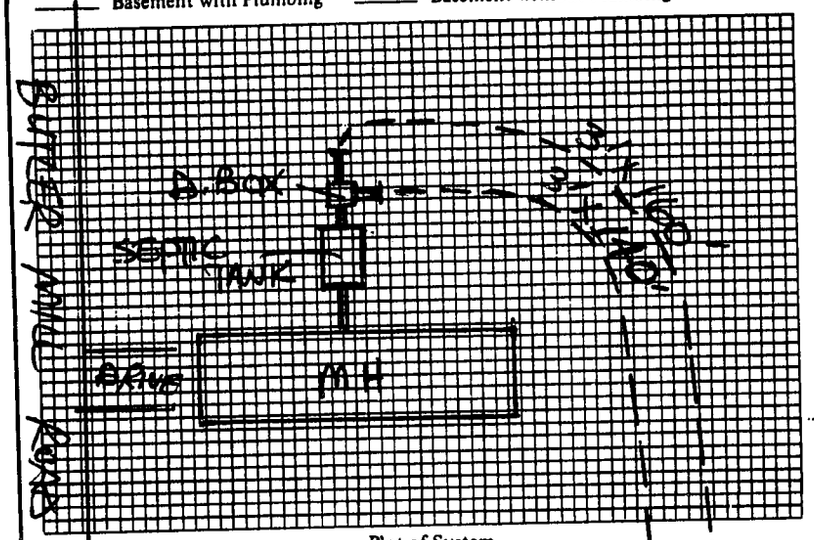
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil PS
Percolation Rate .46 PD / FT²
Topography 6-8% HS
Depth to Water Table > 4'
Rock or other impervious formations NONE

Lot Area 4.16 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

TP 2/27/91



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓ WELL
Public ( )

Installed by SAMMY REAVIS

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

Signed: WELL

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 3/26/91

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