39229

12402

## IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR MICHAEL TEASE DATE 11/14/91 PERMIT NO. 12L-1-A-9

PHONE: Business _____ Home _____

LOCATION US 21 N, TR NC 901 E, TL GUILFORD ROAD, TL FOX HUNTER ~ 1.5 MI ON (R) BESIDE OLD FRAME FARM ~~Has mailbox~~

SUBDIVISION NAME GRAY FOX RIDGE LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 4

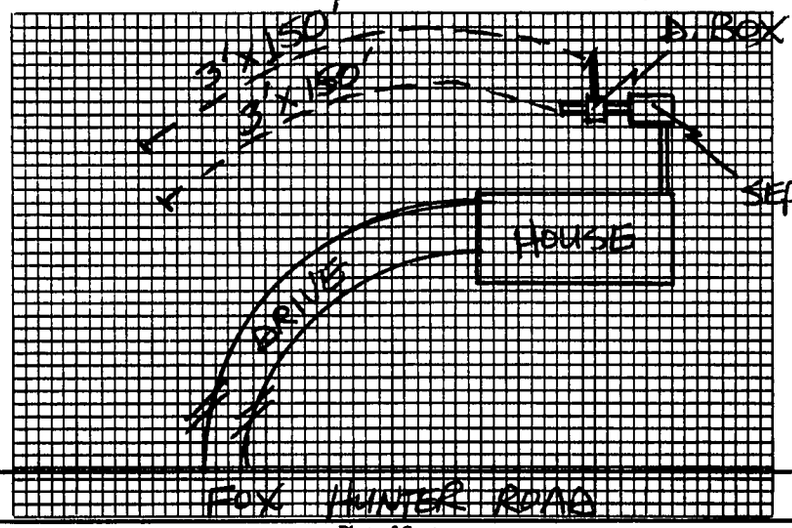
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area 4.51

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 10-15% H
Depth to Water Table >4'
Rock or other impervious formations NONE

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

TP 9/25/91




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 TOMMY FRYE

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

Signed: ⊗ WELL

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 11/14/91

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