IREDELL COUNTY HEALTH DEPARTMENT

12178

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

OWNER OR CONTRACTOR BERNARD CAGLE DATE 11/30/90 PERMIT NO. IH-A-45A

PHONE: Business _____ Home _____

LOCATION US 21 N, TR Powell Rd, TL Rocky Ford Rd, TR Access, ~1 Mi on (R)

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

House ( ) Mobile Home (✓) Business ( ) Other _____ SECTION OR BLOCK NO. _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil PS
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 4 6PB / FT2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography G-10% N
Site Suitable	Yes (✓)	No ( )	Depth to Water Table >4'
			Rock or other impervious formations NONE

Lot Area 17Ac

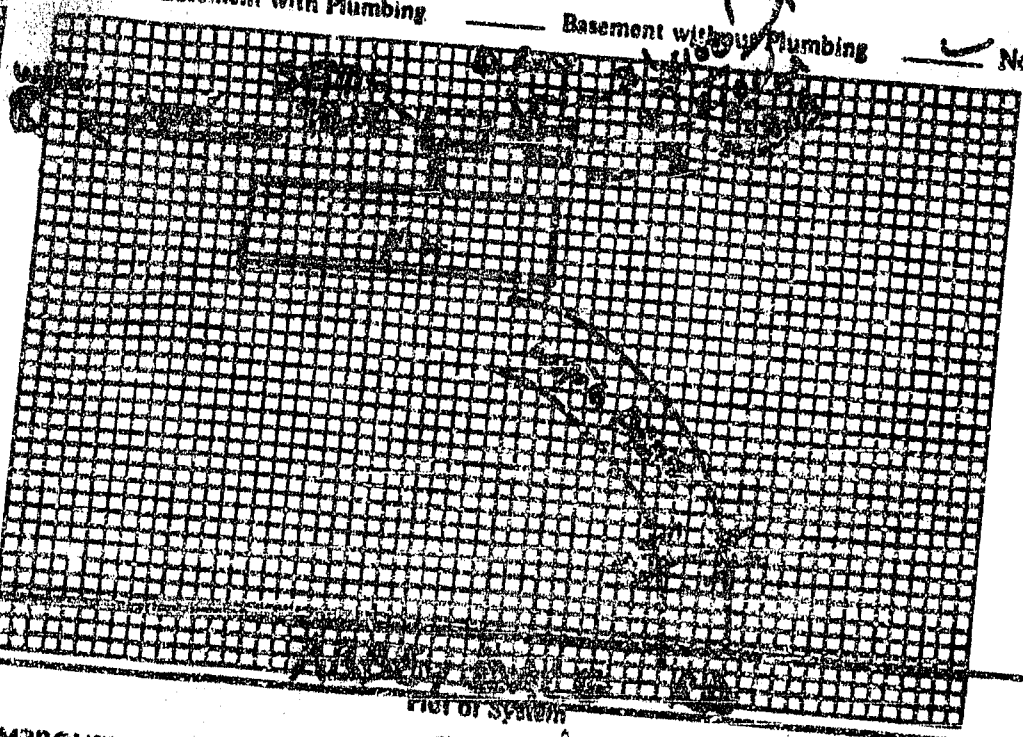
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

3ST 10/15/90

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 (✓) WELL
Public ( )



Plot of System

Installed by DONALD LAKEY

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Hedrick

COMMENTS: Keep MH Minimum 5' from System

CERTIFICATE OF COMPLETION BY Steve Hedrick DATE 11/20/90

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