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 James Wooten DATE May 31, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 2nd 1455 (West Catawba Dr.) 1st house on left S. R. No. _____

SUBDIVISION NAME CLOT CATE NORMAN LOT NO. 213 SECTION OR BLOCK NO. 8

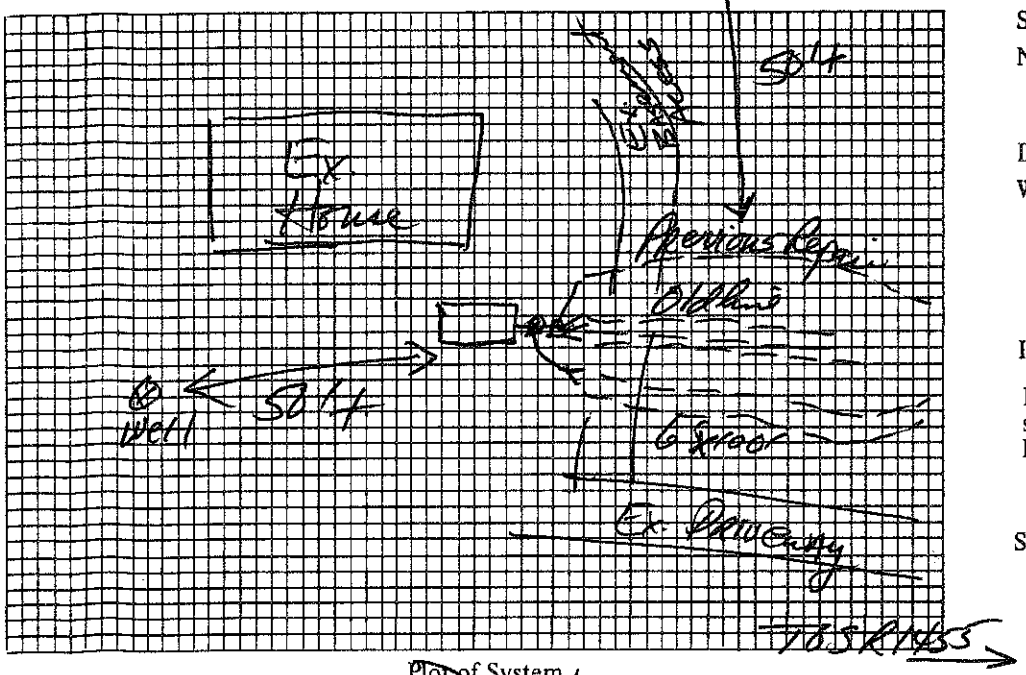
House (4) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (4)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (4)	No ( )	Percolation Rate	2, 4 / 4-6 / 20	
Auto. Wash. Machine	Yes (4)	No ( )	Topography		
Site ~~Suitable~~ PS	Yes (4)	No ( )	Depth to Water Table	6'+	
			Rock or other impervious formations	none obs	

Lot Area _____

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 6 x 100' Bed
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (4)
Public ( )

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-31-88

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