9109

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 Ronald & Sharon Wozny DATE 12/12/88 ~~PERMIT NO.~~ QUAD # 208

PHONE: Business _____ Home 892-1358

LOCATION 1100 TR Chuckwood TR Indian Loop ~ 3/10 mile.

S. R. No. _____

SUBDIVISION NAME C L and T LOT NO. 45 SECTION OR BLOCK NO. 2F-1-A-45 Davidson

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

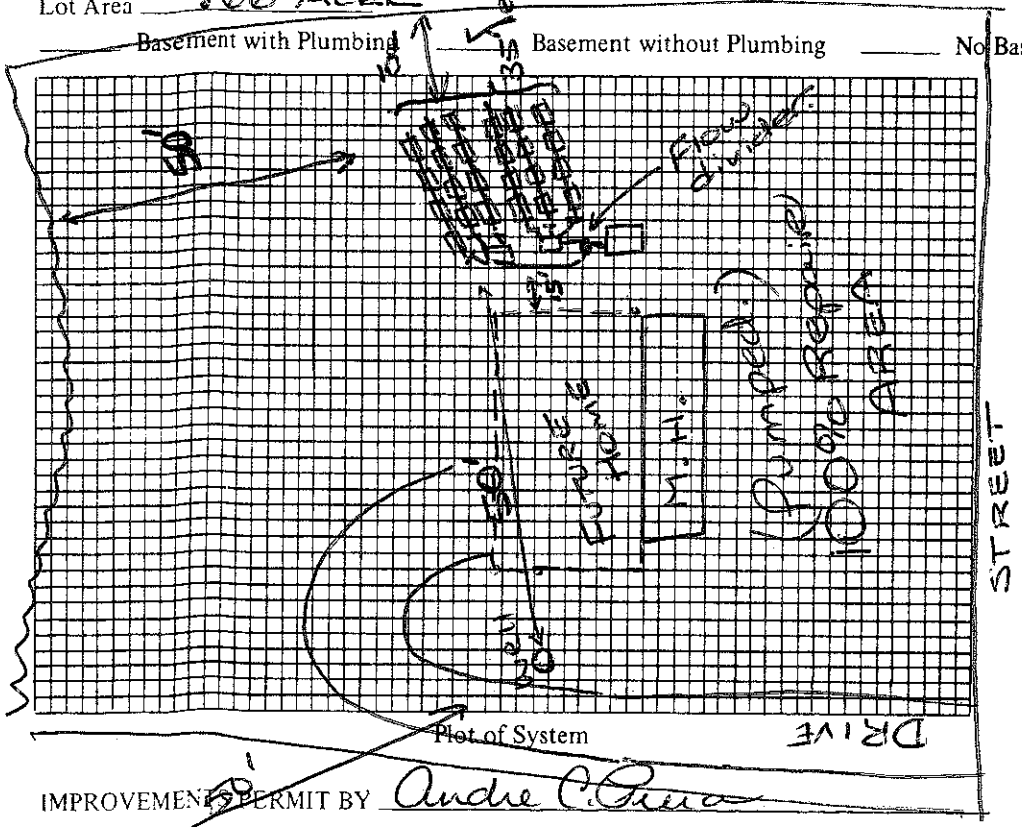
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate .3 gpd/ft²
Topography 10-15
Depth to Water Table 4'+
Rock or other impervious formations none observed (small scattled but no massive)

Lot Area .66 Acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. _____ Linear Ft. 200' of
Depth of Stone in Lines 16" T and J
Water Supply: Individual (✓) panels.
Public ( )

Installed by _____

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

Signed: Ronald L. Wozny

IMPROVEMENTS PERMIT BY Andre C. Price

COMMENTS: Install tank 15' from proposed house. Use a flow divider to split flow. MUST have equal amounts of effluent delivered to either side of leach field. System must be installed w/ manufacturers specs. (ie. line side walls, creek stone etc.) Questions? Call H. D.

Neighbor System

CERTIFICATE OF COMPLETION BY _____

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