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 Wozn DATE 2/10/89 ~~PERMIT NO.~~ 20 B

PHONE: Business _____ Home 892-1358

LOCATION 1100 TR Chuckwood TR Indian Loop ~ 3/10 mile S. R. No. _____

SUBDIVISION NAME C, and T LOT NO. 45 SECTION OR BLOCK NO. _____

Davidson 2F-1-A-45

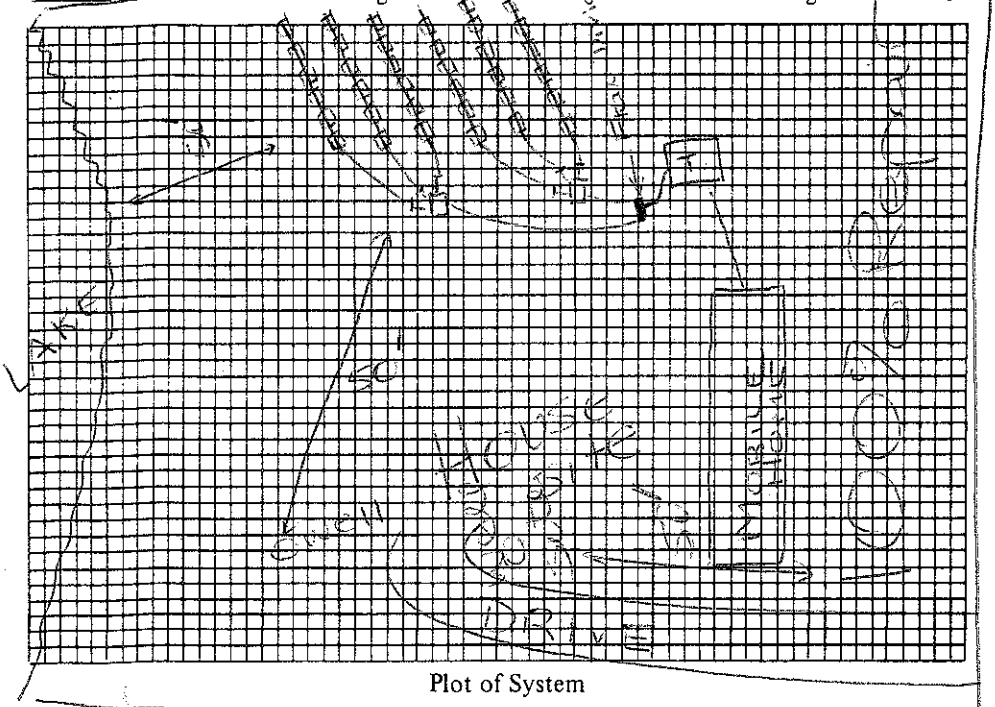
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	3 gpd/ft+2	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none observed many surface rock, none are massive	

Lot Area .66 Acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. 200' of 16" Tand J
Depth of Stone in Lines _____

Water Supply: Individual (✓) panels.
Public ( )

Installed by E.J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: Ditches are equal lengths.

CERTIFICATE OF COMPLETION BY Andrew C. Dunn DATE 2/10/89

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