4636-53-7382

17088

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 W. L. Smith DATE Dec 18 '87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TR 1112 (Stuffle Rd.) TR Woodstream Dr. 2100' on left

S. R. No. _____

SUBDIVISION NAME Norman Woods LOT NO. 13 SECTION OR BLOCK NO. _____

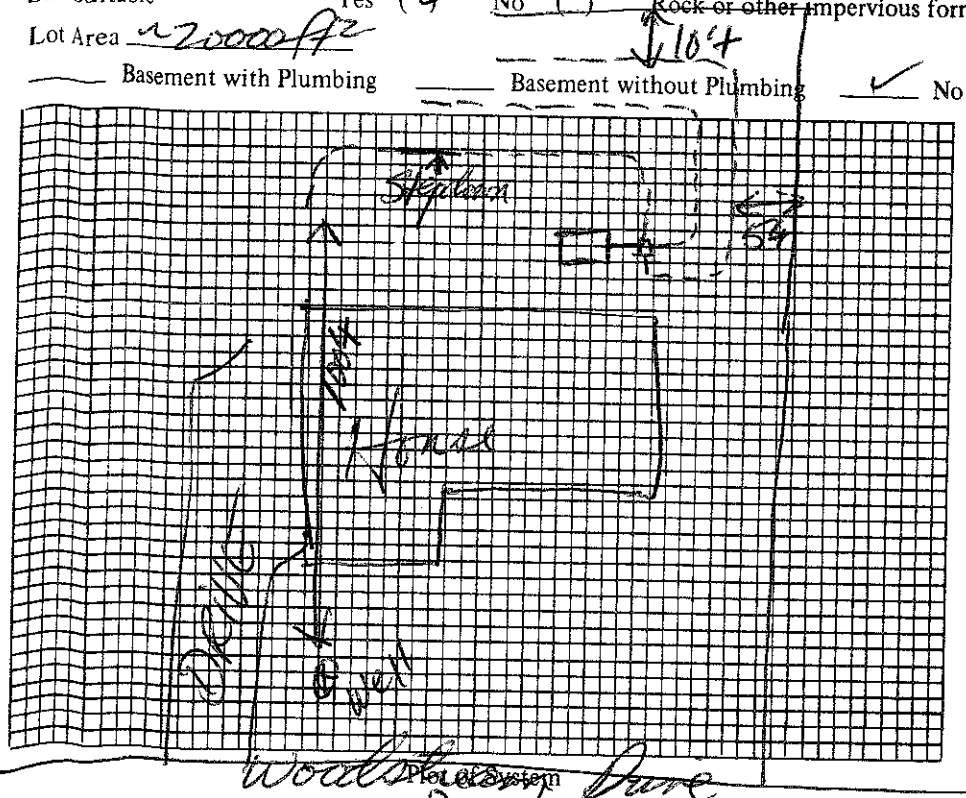
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~20000 ft²

Character & Porosity of Soil Clay
Percolation Rate ~.4
Topography 2-4%
Depth to Water Table 4'
Rock or other impervious formations none obs



_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by J. Erwin

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 12-18-87

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