4636828511

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.C.M. Inc. DATE 8-24-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 N 1179 (Cavendale) N Highland Dr. ~200' on Rt.

S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 21 SECTION OR BLOCK NO. 3

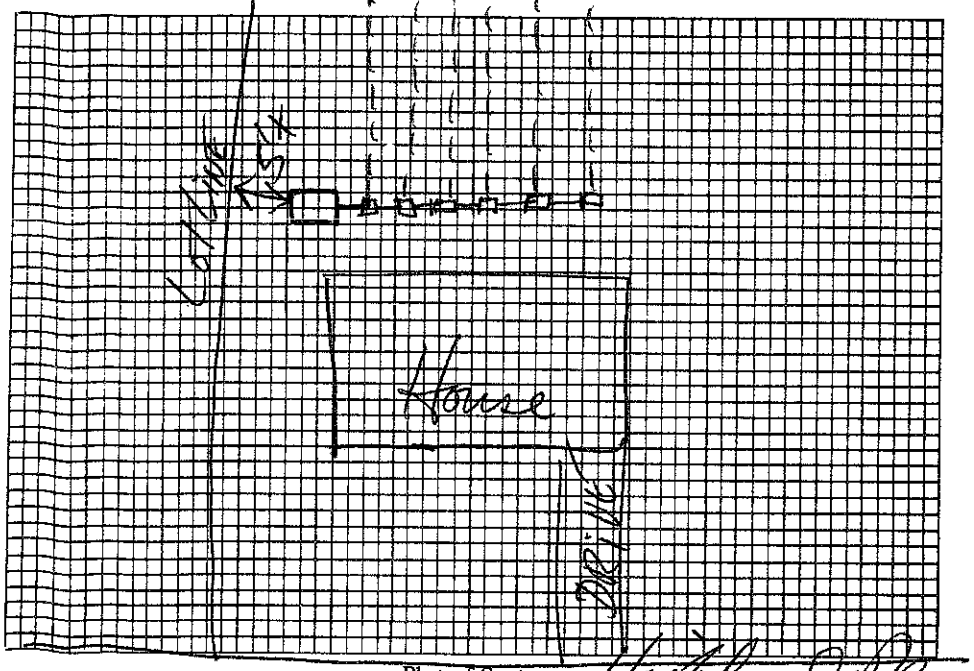
House (✓) Mobile Home ( ) Business ( ) Other _____

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 clay
Percolation Rate 2.4
Topography 4 6 7
Depth to Water Table 4'
Rock or other impervious formations none else

Lot Area _____




Plot of System

___ Basement with Plumbing ( ) Basement without Plumbing ✓ No Basement

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Richard Abernathy

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

Signed: _____

IMPROVEMENTS PERMIT BY KRS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY K. R. Hinson, R.S. DATE 8-24-87

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