12872

IREDELL COUNTY HEALTH DEPARTMENT

4636-93-0887

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Cecil Hood DATE 11/27/91 PERMIT NO 26-19-A-100

PHONE: Business _____ Home _____

LOCATION Ring Neck Trail, 1100, TL Comeback, TL into Woodland Hills, TR first road, straight to grey rock on R

SUBDIVISION NAME Woodland Hills LOT NO. 100+100A SECTION OR BLOCK NO. 2 S. R. No. _____

House ( ) Mobile Home (✓) Business ( ) Other Pressure dosed panel block system

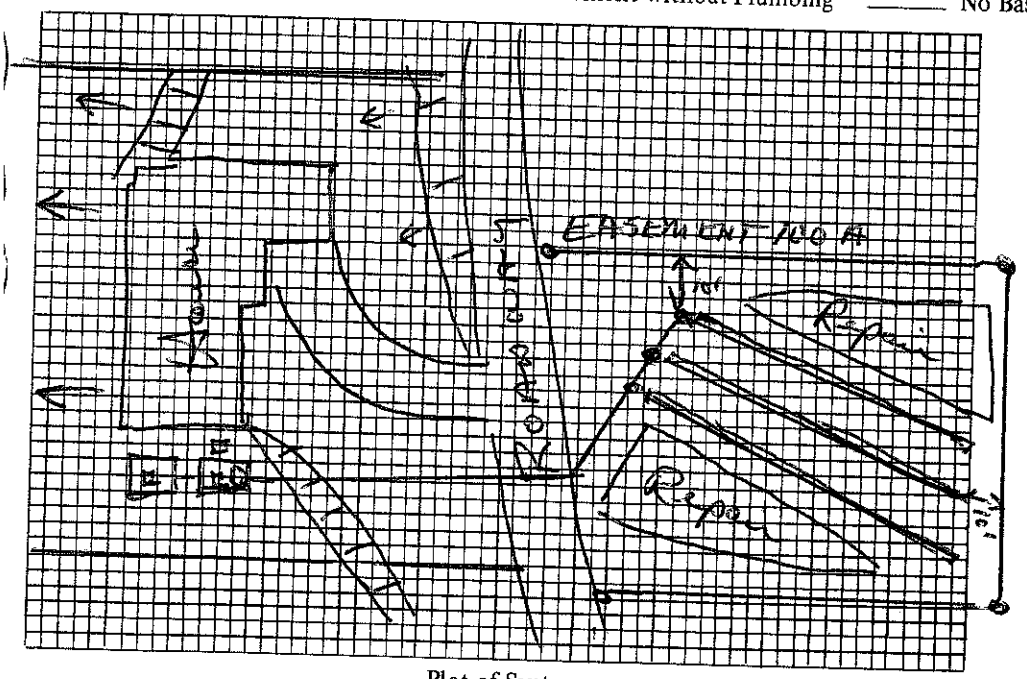
No. Bedrooms 4 No. Bathrooms 2

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

Character & Porosity of Soil P - c f cl transition
Percolation Rate .4
Topography 2-3%
Depth to Water Table > 48"
Rock or other impervious formations None observed

Lot Area 20,000 FT² + EASEMENT AREA

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 - SEPTIC TANK 1000 - Pump TANK Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. 210
Depth of Stone in Lines 24" SAND

Water Supply: Individual ( ) Comm.
Public (✓) D/W

Installed by Tommy Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY AWS

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wesley Sparks RS. DATE 11/27/91

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