11.50

IREDELL COUNTY HEALTH DEPARTMENT 4636936345

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Edith Krier DATE 1-4-83 PERMIT NO. 1

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 PASS Reynolds R. Estate office TL
abt 1/3 mile on R ON water

SUBDIVISION NAME Woodland Hills LOT NO. 93 SECTION OR BLOCK NO. 4 S. R. No. _____

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

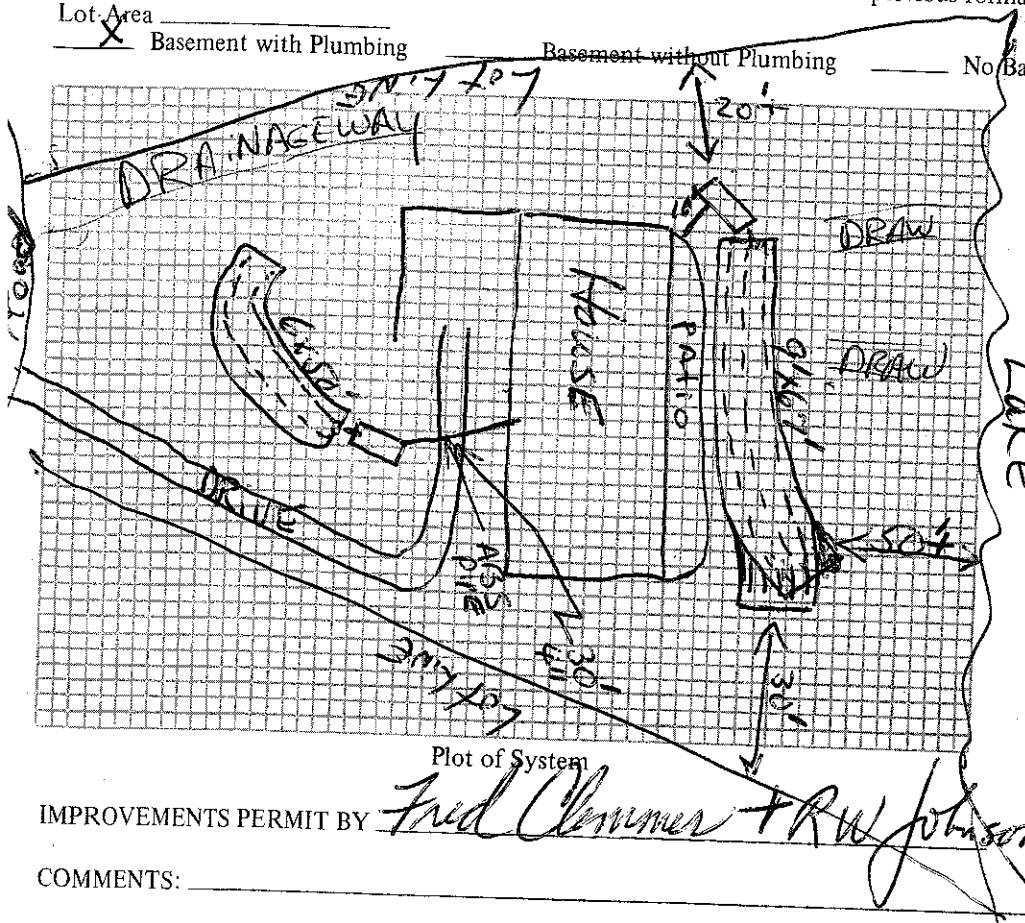
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Mixed mineralogy clay-loam upper level system
Percolation Rate ~80 mpi
Topography 10-15%
Depth to Water Table 4'+
Rock or other impervious formations NONE observed

X Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Upper level - 900 gallon w/baffle Lower - 900 w/baffle Gals.
Nitrification Field: 2-upper level
No. of Lines 3-lower level
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public X

Rowan County
Installed by Gene Stoner

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer + RW Johnson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 1-4-83
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