08454

IREDELL COUNTY HEALTH DEPARTMENT 4636946585

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Bob Svancarek DATE Sept. 28, 88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Cannonsbrook) TL Bradford on left

S. R. No. _____

SUBDIVISION NAME Woodland Hills LOT NO. 53 SECTION OR BLOCK NO. 6

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

No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil clay

Percolation Rate 2.4

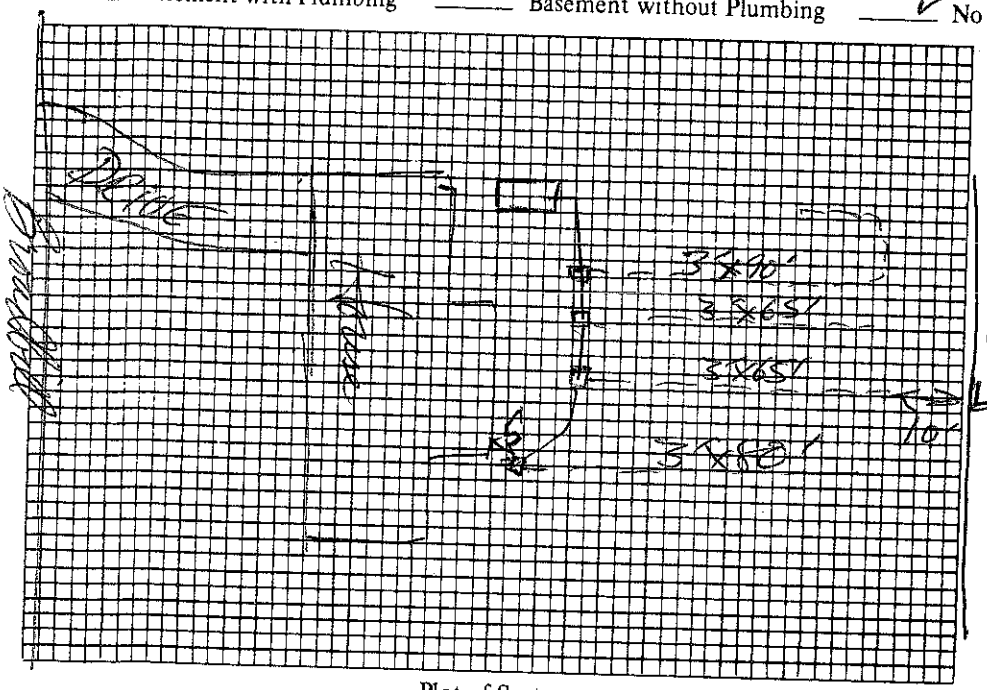
Topography 10-15%

Depth to Water Table 4+

Rock or other impervious formations more obs.

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 400 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Mike & Fred Leager

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE Sept. 28, 88

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