09475

IREDELL COUNTY HEALTH DEPARTMENT 4645542680

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

OWNER OR CONTRACTOR Charles J. Wade DATE Feb. 2, '89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21S. & I77. R 1206 (Alcore) on Right just before junction with SR1102 S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

DW

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

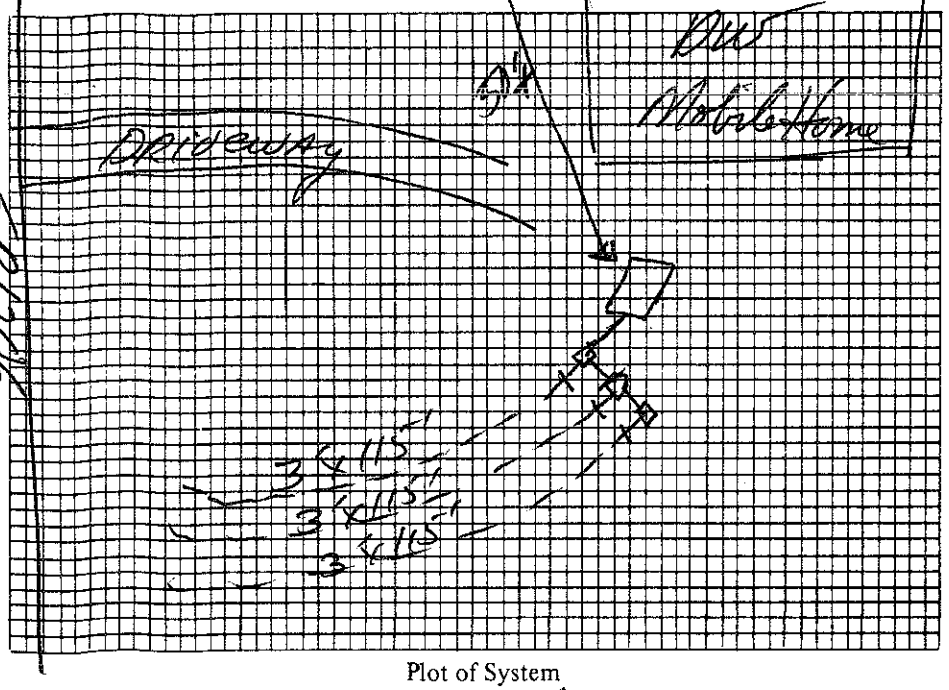
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )
Lot Area 2 10Ac.

Character & Porosity of Soil Clay
Percolation Rate 35 4-6"
Topography
Depth to Water Table 41+
Rock or other impervious formations none obs.

Qwell

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by F J Ervin

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

TIFICATE OF COMPLETION BY _____ DATE 1-2-89

TING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making ements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold