4645-55-0115

IREDELL COUNTY HEALTH DEPARTMENT ~~4645-55-1909~~

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

OWNER OR CONTRACTOR Peggy Waters DATE 12-8-86 PERMIT NO. 627

PHONE: Business _____ Home _____

LOCATION 150W TR 1109 TR 1206 (Home) TR Waters Edge at end on left

SUBDIVISION NAME Waters Edge LOT NO. 21 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2½

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

Lot Area 1.6 Ac

Character & Porosity of Soil clay
Percolation Rate ~4
Topography 2%
Depth to Water Table 4'
Rock or other impervious formations none obs.

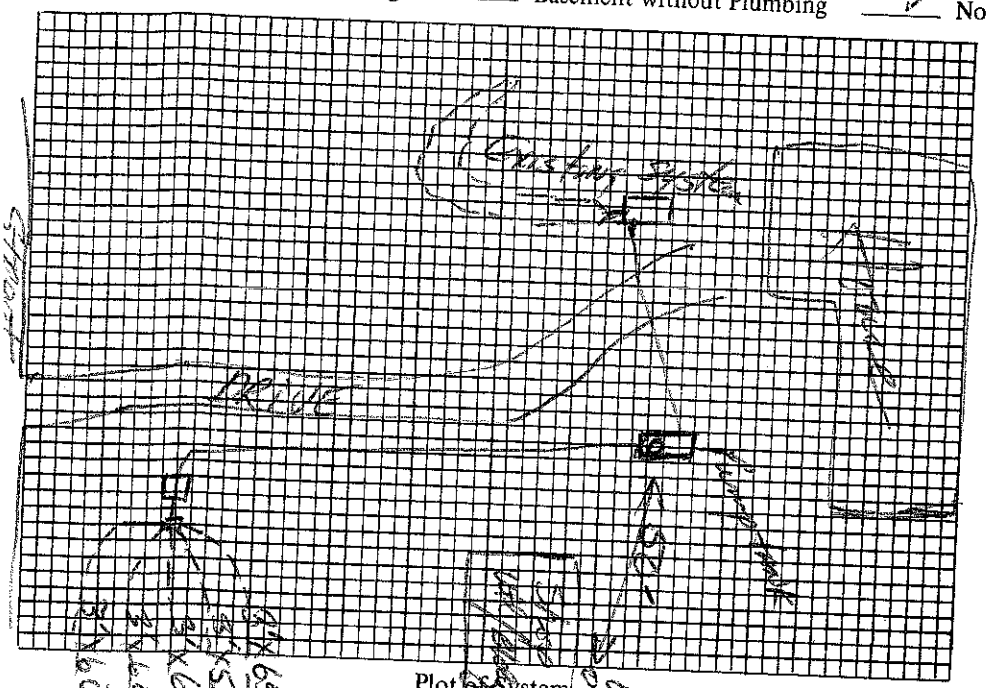
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal pump tank

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )



Installed by F J Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY J C Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Thomas, RS. DATE 12-8-86

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