07307

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Gary Wiggins DATE Feb 1, '89 PERMIT NO. 4646-15-0776

PHONE: Business _____ Home _____

LOCATION 1100 Rt 1179 Rt 2nd Woodduck Loop ~ ½ mile on Rt. S. R. No. _____

SUBDIVISION NAME Lakeshore Estates LOT NO. 38 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2-3

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

Character & Porosity of Soil Clay

Percolation Rate ~3

Topography 2-4%

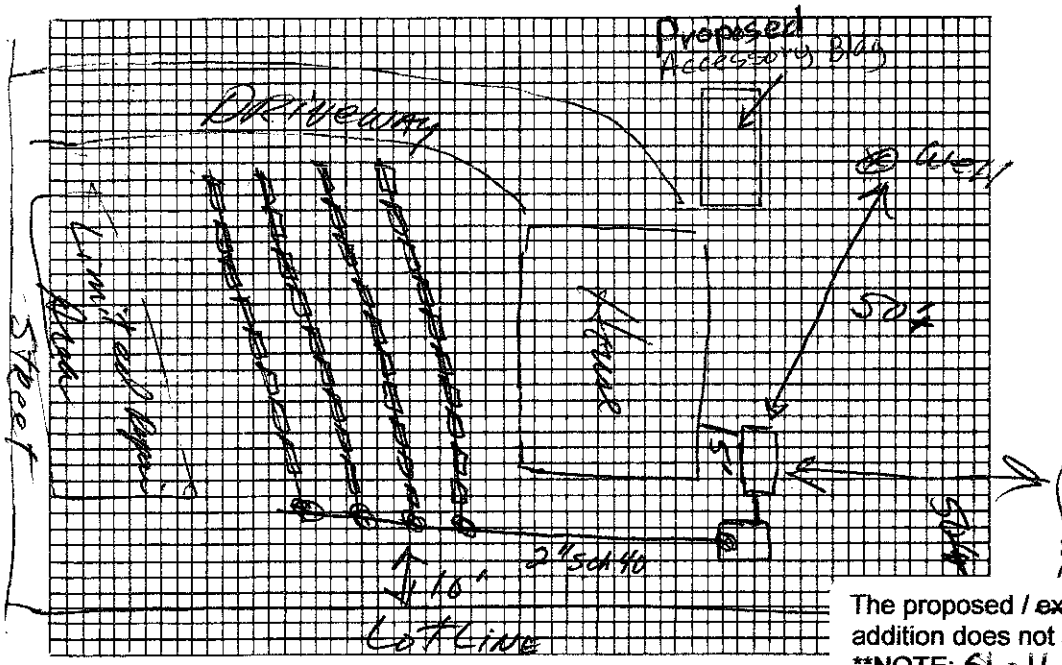
Depth to Water Table 4'

Rock or other impervious formations more obs.

Lot Area 59'(Road), 235'LS, 209'RS, 150' water

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 p.t.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

(Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" IPT

Water Supply: Individual (✓) panels pressure-dosed

Public ( )

Installed by FJ Ervin

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

Signed: _____

The proposed / ~~existing~~ Accessory Building addition does not appear to impact the existing septic system.

**NOTE: Shall be min. 25' from well

Judy Melville R.S.

Date: 7-24-12

ICHD-Environmental Health Division

IMPROVEMENTS PERMIT BY _____

COMMENTS: Alarm checked & OK but not mounted.

CERTIFICATE OF COMPLETION BY _____ R.S. DATE 1-1-89

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