01307

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 Sept 10, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1179 (Cannonsdale) TL 2nd Wooddale loop on Rt. in curve 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 Yes (✓) No ( )

Character & Porosity of Soil clay

Percolation Rate ~4

Topography 2-4% 41+

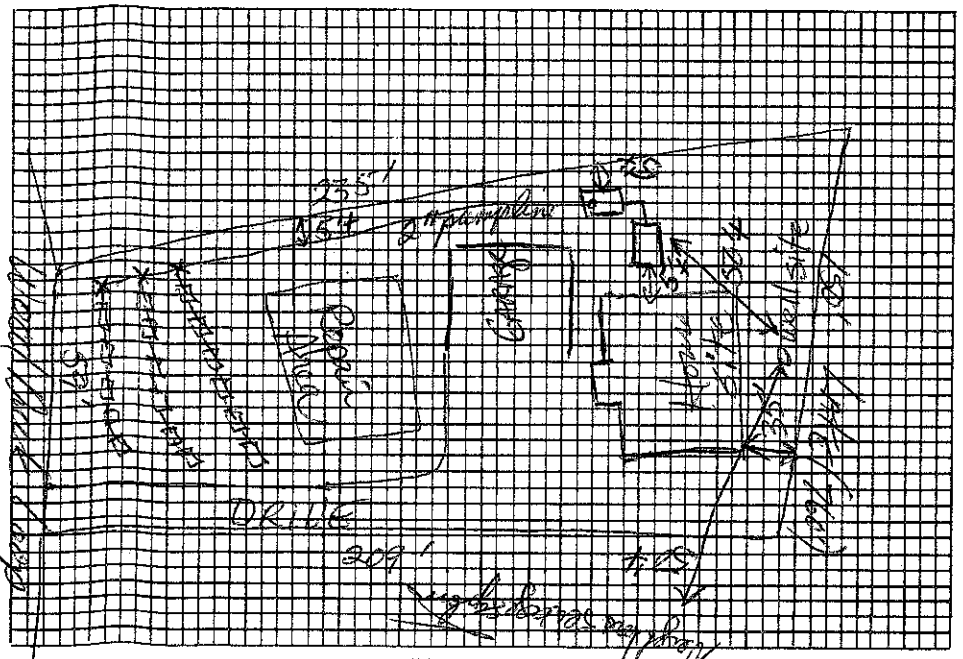
Depth to Water Table _____

Rock or other impervious formations none obs.

Lot Area 59' (Road), 235' (L.S.), 209' (RS), 150' (water)

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1000 gal pump tank



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines ~3-4

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" to 6"

Water Supply: Individual (✓) Public ( )

panels pressure-dosed

Installed by _____

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

Signed: Rick Brown

for Gary Wiggins.

IMPROVEMENTS PERMIT BY David R. Hanson, R.S.

COMMENTS: Keep pump shallow and follow contour.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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