11814

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 Terry Wilson DATE 8/28/90 PERMIT NO. ZJ-9-A-12

PHONE: Business _____ Home _____

LOCATION 215 TR Huntington Woods on right @ end

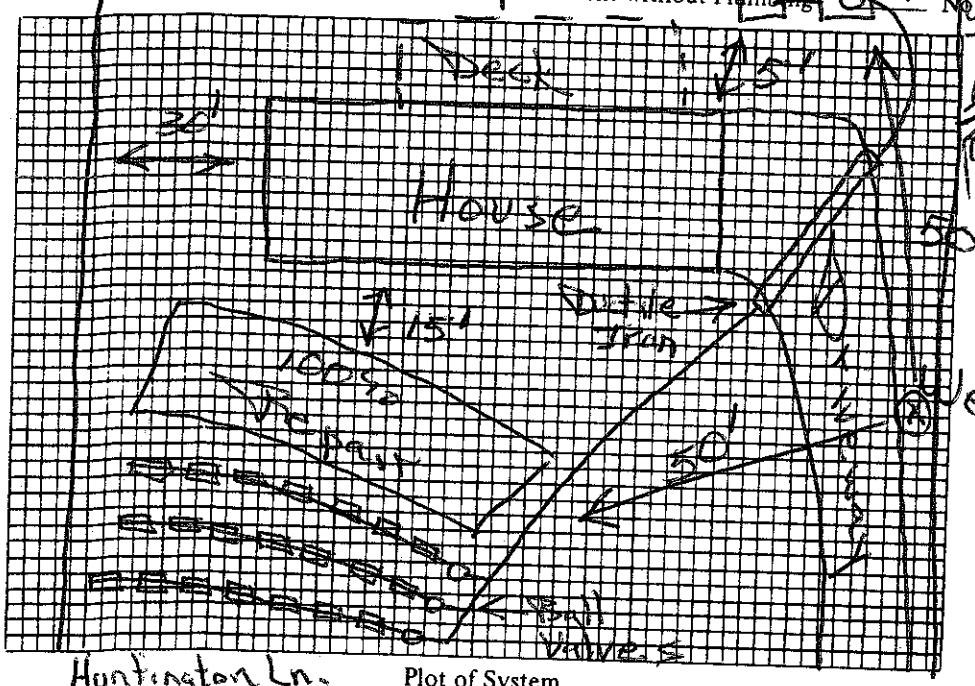
SUBDIVISION NAME Huntington Woods LOT NO. 12 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	PS clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	30' No 3
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%
Site ~~Suitable~~ PS	Yes (✓)	No ( )	Depth to Water Table	+ 3'
Lot Area _____			Rock or other impervious formations	Hc @ 36"

(✓) Basement with Plumbing Drop off Basement without Plumbing ( ) No Basement



Plot of System

Sq Ft 1000 FT

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 200'
Depth of Stone in Lines 24"

Water Supply: Individual (✓) 16" Panel
Public ( )

Installed by _____

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

Signed: Sam B. Nilson

IMPROVEMENTS PERMIT BY Sam Ingram EHS

COMMENTS: Keep upper panel line as close to front property line as possible (10' off) Front of house 70' off front property line 20 gpm 22' TDH 120' 2" Supply line 1 5/32" Hole/panel
* Ductile iron pipe underneath driveway

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