4655-08-9290

10497

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 Monica R. Caldwell DATE 2/27/91 PERMIT NO. 2H - 6-A-10

PHONE: Business _____ Home No

LOCATION 1155, TL just past school onto dirt rd. (woonene) 5th house on left of dirt road S. R. No. _____

SUBDIVISION NAME N/A LOT NO. N/A SECTION OR BLOCK NO. _____

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

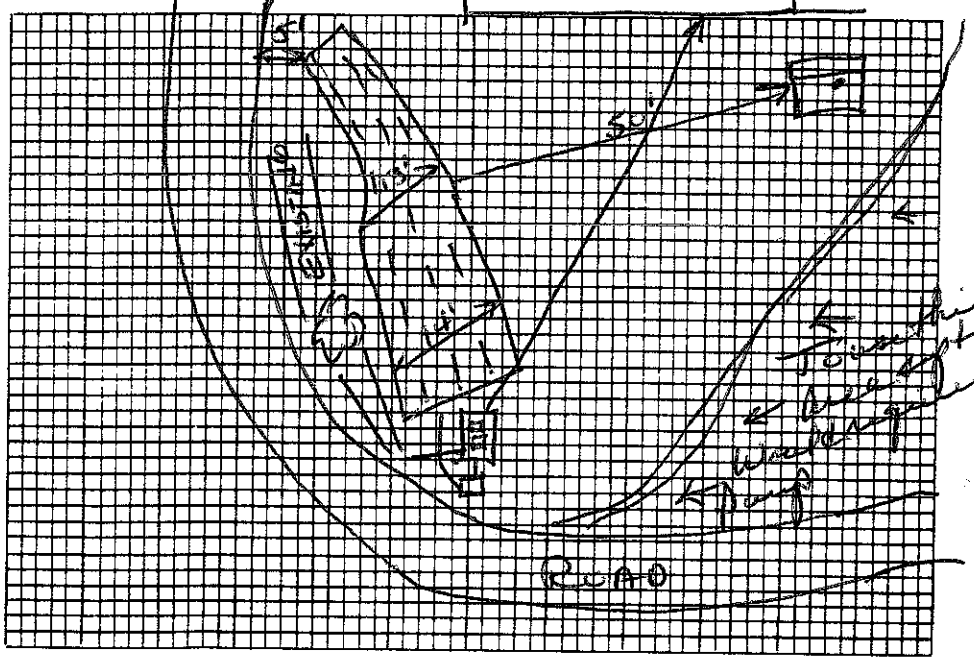
No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	
Auto. Dishwasher	Yes (✓)	No ( )	Topography	
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	

Character & Porosity of Soil: Clayey soil

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1200 Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 780 Linear Ft. 180'
Depth of Stone in Lines 14"

Water Supply: Individual ( )
Public ( )

+ 240 FT² of existing trenches

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Changed Imp Permit due to depth drainfield would have been in the ground. Minimum separation from well held at all points of new bed

CERTIFICATE OF COMPLETION BY Wesley Sparks L.S. DATE 2/27/91

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.

GOULDS WATER SYSTEM

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

704-872-0248