10119

4655-80-2798

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 Fred Wright DATE 8/30/89 PERMIT NO. IC-4-A-3

PHONE: Business _____ Home 892-3273

LOCATION 115 S. T. L. Midway Lake Rd. TR in sharp curve. On dirt Rd. At end of R.

SUBDIVISION NAME Wright Estates LOT NO. 3 SECTION OR BLOCK NO. _____ S. R. No. _____

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

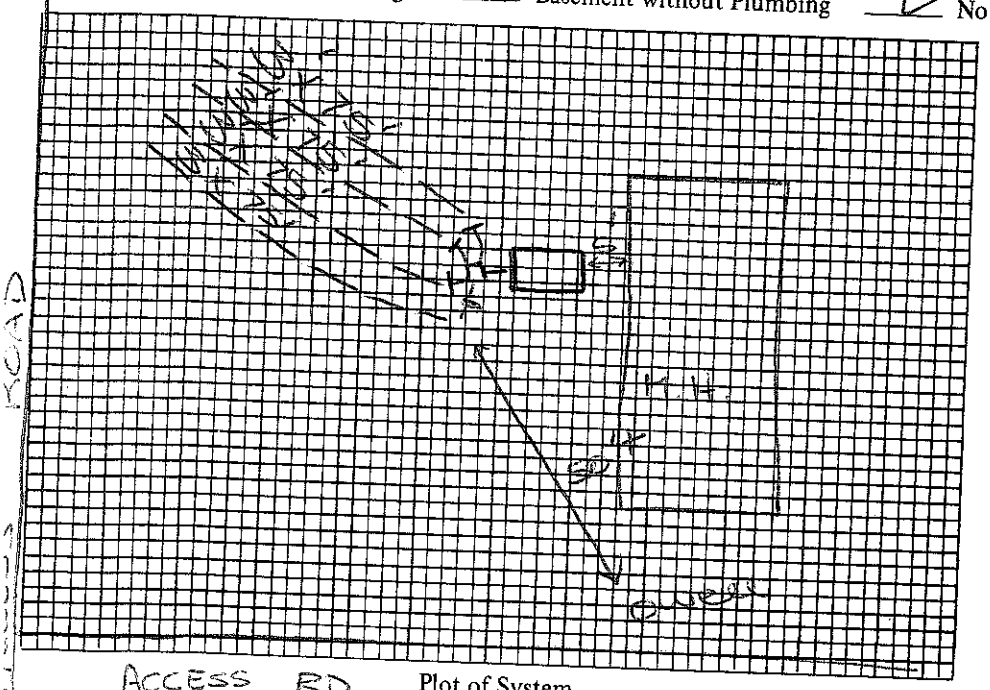
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clayey
Percolation Rate .4 gpd/ft²
Topography Hilly
Depth to Water Table 4'+
Rock or other impervious formations none obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



ACCESS RD. Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Cedarwood S. T. Tim Smith.

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

Signed: _____

IMPROVEMENTS PERMIT BY ACP, R.S.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andie C Price, R.S. DATE 8/30/89

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