8063

4655-80-3602

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

PHONE: Business _____ Home 892-3273

DATE 8/30/89 PERMIT NO. IC-4-A-2

LOCATION 1155. TL Midway Lake Rd. TR in sharp curve onto dirt Rd. At end on R. TR access -on L.

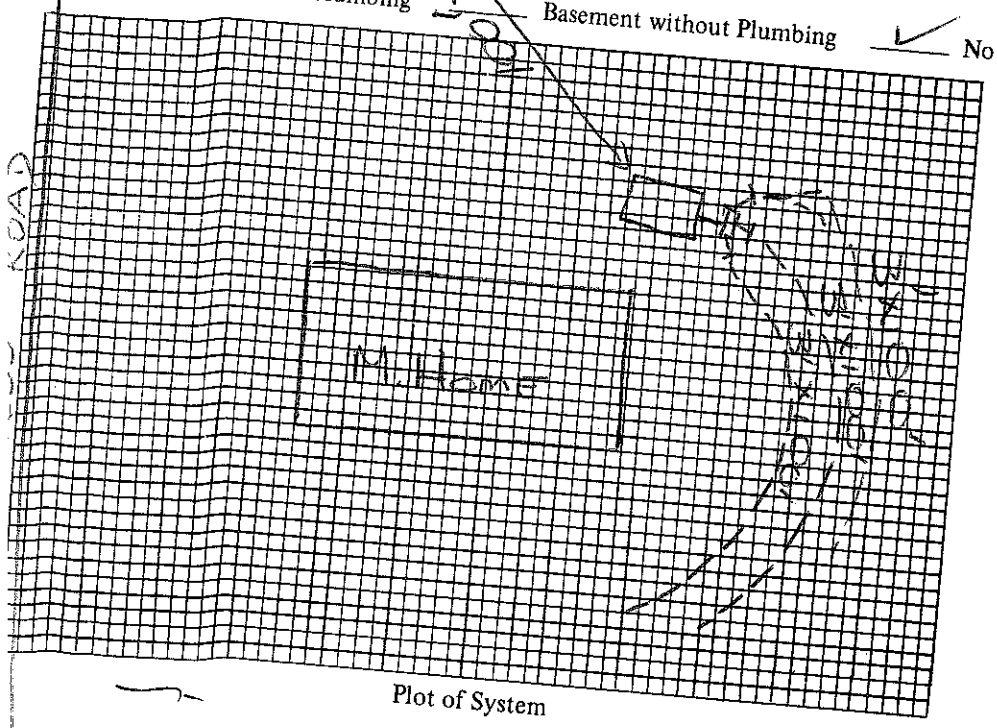
SUBDIVISION NAME Fred Wright S/D LOT NO. 2 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate .4 gal/sq ft
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 2%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 4'+
Lot Area _____			Rock or other impervious formations none obs.

Basement with Plumbing ✓ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 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 August 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