1787

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 Waggoner DATE Sept. 20, '91 PERMIT NO. 16-5-A-2

PHONE: Business _____ Home _____

LOCATION 21 N. TR into Summerchase 2nd lot on left

S. R. No. _____

SUBDIVISION NAME Summerchase LOT NO. 2 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Constructing detached garage with bathroom and in ground pool

No. Bedrooms 3 No. Bathrooms ~4

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

Character & Porosity of Soil _____

Percolation Rate _____

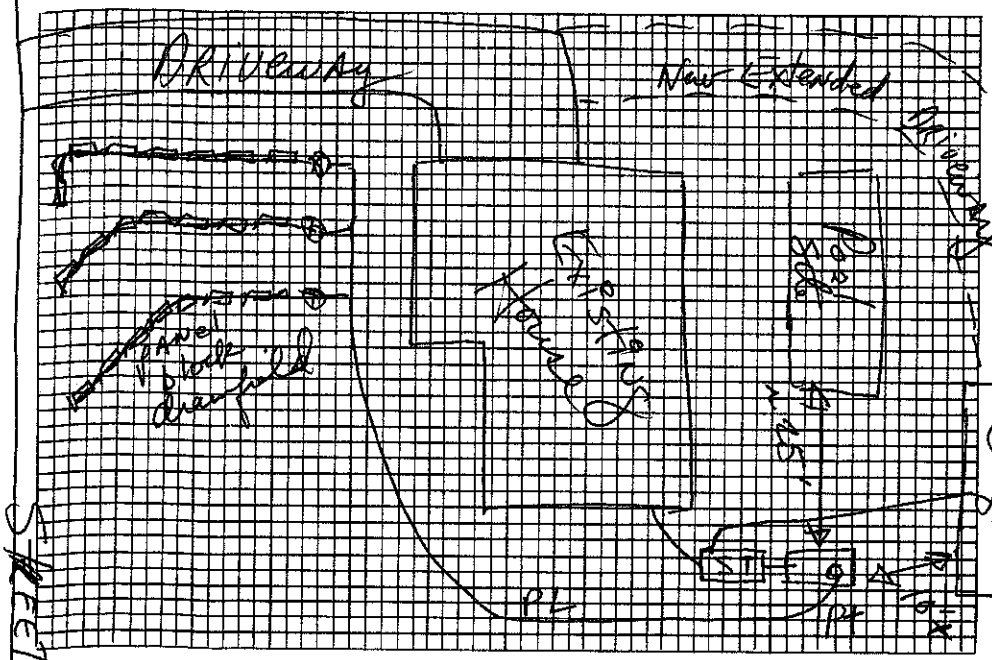
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area ~1.56 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing pt Existing 5T Gals.

Nitrification Field:

No. of Lines Existing canal block Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____ pressure-dosed

Water Supply: Individual ( ) Public ( )

Existing Well

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: R Hinson, RS DATE 9-20-91

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