001331

IREDELL COUNTY HEALTH DEPARTMENT

4657-38-5930

(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 Aug 20, '90 PERMIT NO. IL-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 _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 100' x 243'

Character & Porosity of Soil PS clay

Percolation Rate PS 3

Topography 2-4%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

1500 p.t.

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. _____ Linear Ft. 200'

Depth of Stone in Lines 16" ✓

Water Supply: Individual (✓) panels pressure-dosed

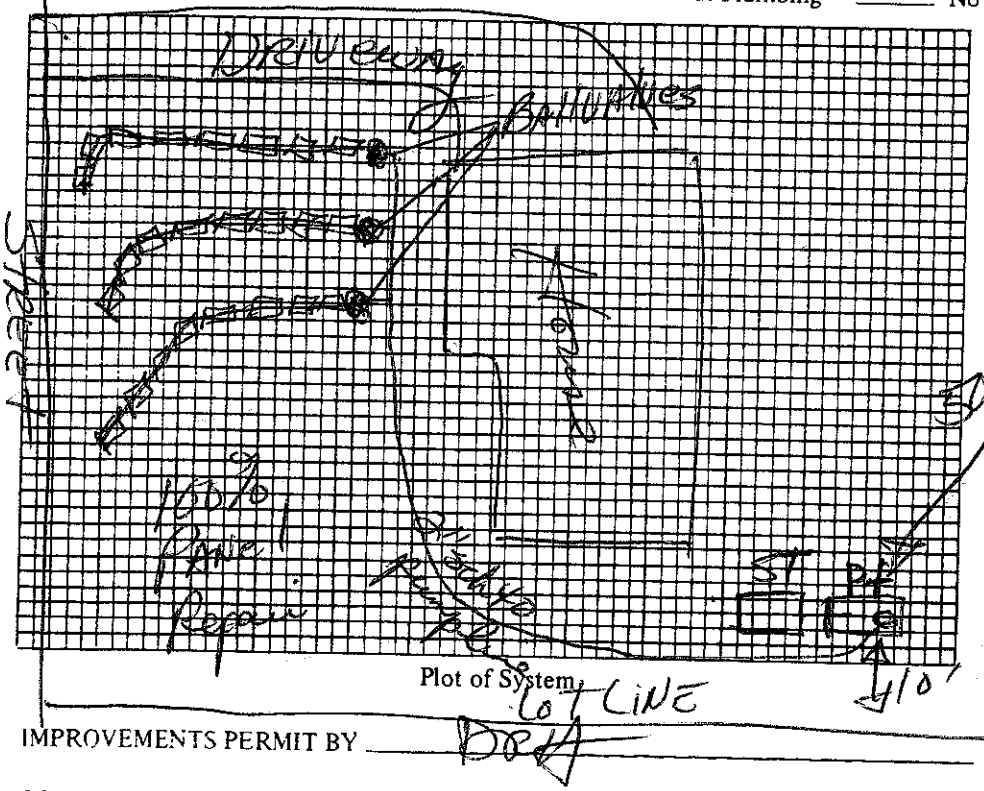
Public ( )

Well

Installed by H J Erwin

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

Signed: _____



Plot of System

IMPROVEMENTS PERMIT BY DOH

COMMENTS: Alarm tested & working but not permanently mounted yet.

Operation permit DOH mon / EHS

CERTIFICATE OF COMPLETION BY _____ DATE 8-20-90

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