4657387680

IREDELL COUNTY HEALTH DEPARTMENT

1332

(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 June 27, '90 PERMIT NO. IL-5-A-8

PHONE: Business _____ Home _____

LOCATION 21 N. TR Oates Rd. near end on Right

S. R. No. _____

SUBDIVISION NAME Summerchase LOT NO. 8 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

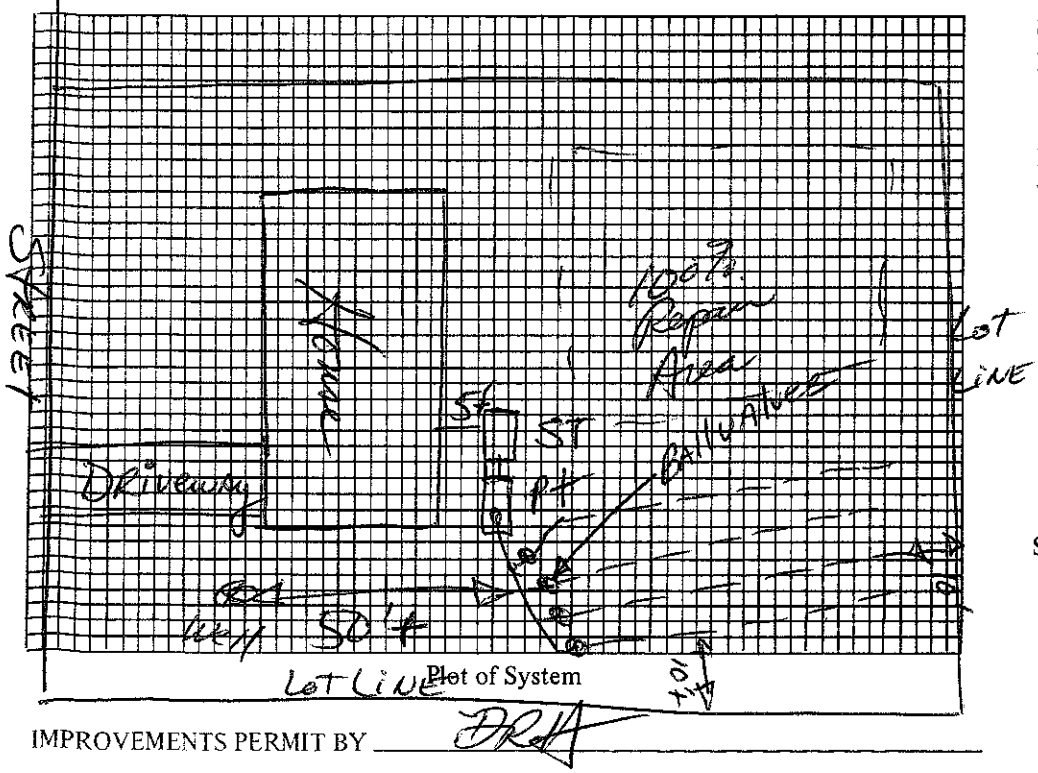
Garbage Disposal Unit Yes (✓) No ( )
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site ~~Suitable~~ PS Yes (✓) No ( )

Lot Area 1.61 Ac

Character & Porosity of Soil PS clay
Percolation Rate no 35
Topography 2-4%
Depth to Water Table 44
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

1250 pt.



Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1050 Linear Ft. 350
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by FJ Erwin

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

Operation permit

CERTIFICATE OF COMPLETION BY DR Hanson, EHS DATE 6-27-90

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