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 John D. Wilson DATE Feb. 12, 87 PERMIT NO. 449

PHONE: Business _____ Home _____

LOCATION 115 N TR SR 2500 (at Collins Park) TR SR 2406 (Sinclair Rd) at end on Rt (S. R. No. _____)

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

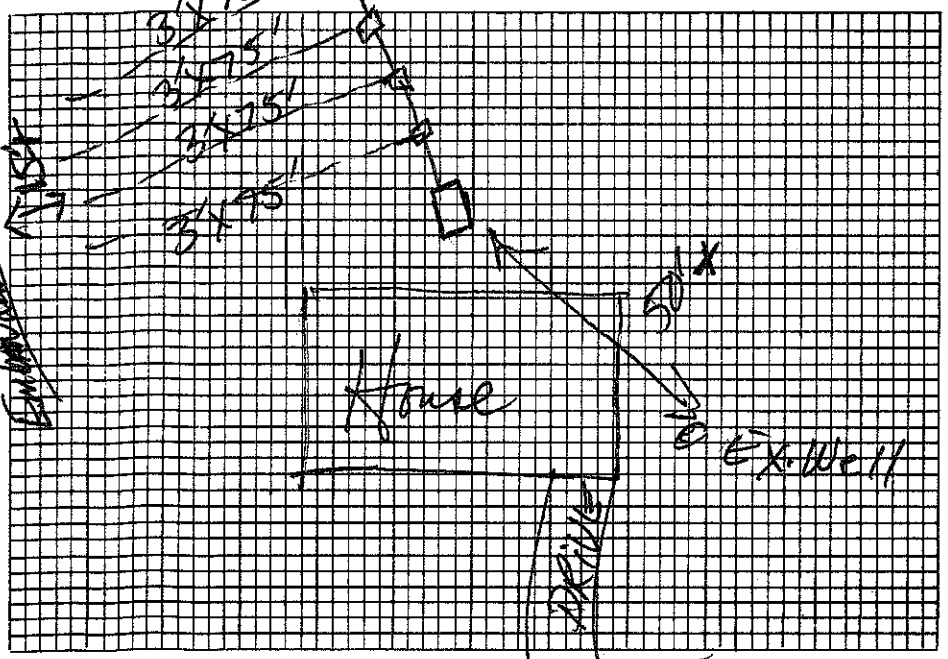
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	2 4 8	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none obs.	

Lot Area 1 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )
Well already down

Installed by _____

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

~~X~~Signed: John D Wilson

IMPROVEMENTS PERMIT BY Jerry R. Hinson, RS.

COMMENTS: Keep drainfield shallow (w 12" cover) Use a series of properly installed drop boxes to feed upper lines first & follow contour w/ lines

CERTIFICATE OF COMPLETION BY _____ DATE _____

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