4659-36-1244

~~4659-35-3907~~

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

22

OWNER OR CONTRACTOR W. H. Wilkie DATE Feb. 14, '80 PERMIT NO. [illegible]

PHONE: Business _____ Home _____

LOCATION 2 IN TR on 2390 ~.1mi TR 60 .2mi TR

S. R. No. _____

SUBDIVISION NAME Fox Run LOT NO. 18 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	Yes	(✓)	No	( )

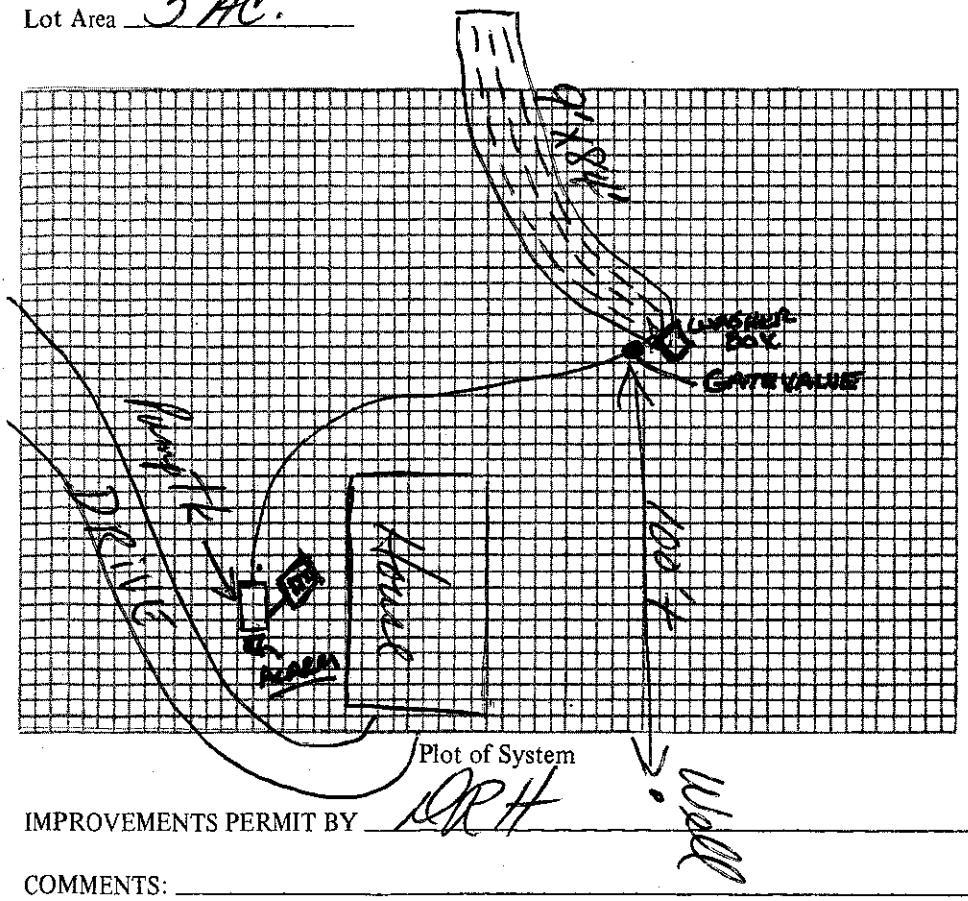
Lot Area 5 AC.

Character & Porosity of Soil clay loam
Percolation Rate 30 min/in
Topography 10-15%
Depth to Water Table sinks
Rock or other impervious formations none obs.

1000 gal. pump tank

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Eddie Yountz



Plot of System

1000 - S/T
Pump
Alarm
Anchor Box - w Gate Valve

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 2-14-80

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold