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 Carolyn Waugh DATE 9-15-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115N TR 2389 About 1.5 mile on R

S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No	(X)
Auto. Dishwasher	Yes (X)	No	( )
Auto. Wash. Machine	Yes (X)	No	( )
Site Suitable	Yes (X)	No	( )

Lot Area Acreage

Character & Porosity of Soil Clay/loam moderately permeable

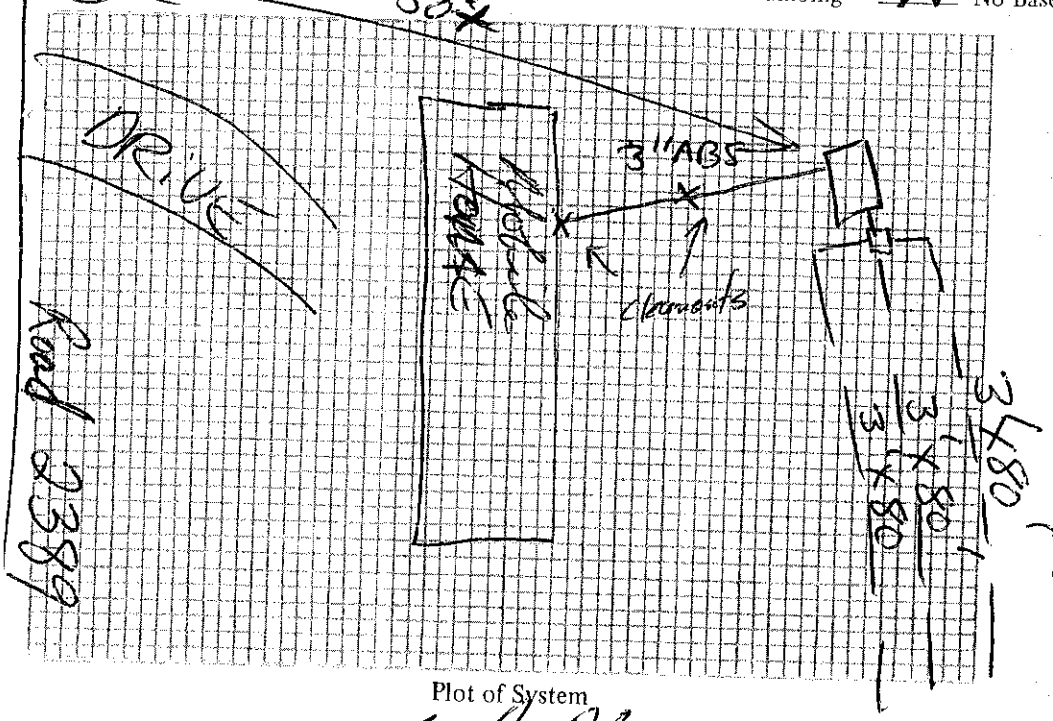
Percolation Rate 0.5 gal/ft²/day

Topography Rolling

Depth to Water Table 4'+

Rock or other impervious formations None observed

(P) Basement with Plumbing 50% Basement without Plumbing _____ (X) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by China Grove Supply

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 9-15-83

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