IREDELL COUNTY HEALTH DEPARTMENT 4665-31-5941

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

OWNER OR CONTRACTOR Denny Seagroves DATE 4-24-85 PERMIT NO. 166

PHONE: Business _____ Home _____

LOCATION 1255 TR Wildwood Drive NEAR END on left

SUBDIVISION NAME Wildwood Acres S. R. No. _____

LOT NO. 10 SECTION OR BLOCK NO. _____

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

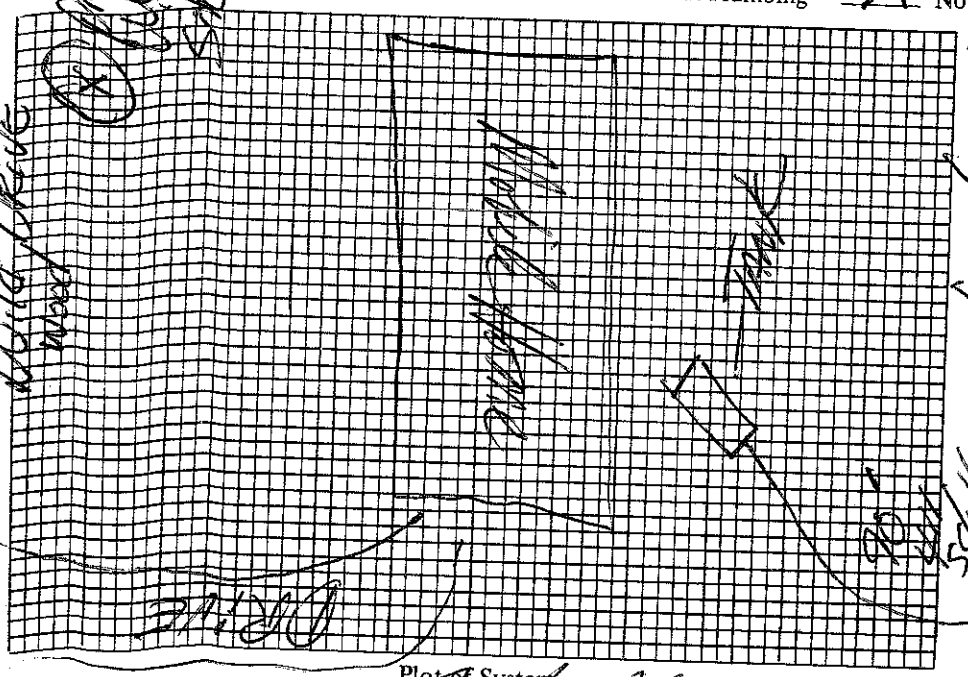
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 20,000 ft²

Character & Porosity of Soil CLAY
Percolation Rate 25 MIN/IN 24 HRS
Topography 2-4%
Depth to Water Table _____
Rock or other impervious formations NONE 0'-5'

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by: Lavon Benton

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

Signed: _____

IMPROVEMENTS PERMIT BY Paul Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Paul Clemmer DATE 4-24-85

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