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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 Daniel Halstead DATE 7/24/90 PERMIT NO. IC-3-A-21

PHONE: Business ________ Home ________

LOCATION Shearer's Chapel Rd. Turn right into Wildwood Acres ~ 3/4 way on right S. R. No. ____

SUBDIVISION NAME Wildwood Acres LOT NO. 21 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site ~~Suitable~~ PS Yes (✓) No ( )

Character & Porosity of Soil PS clay

Percolation Rate ~ .4

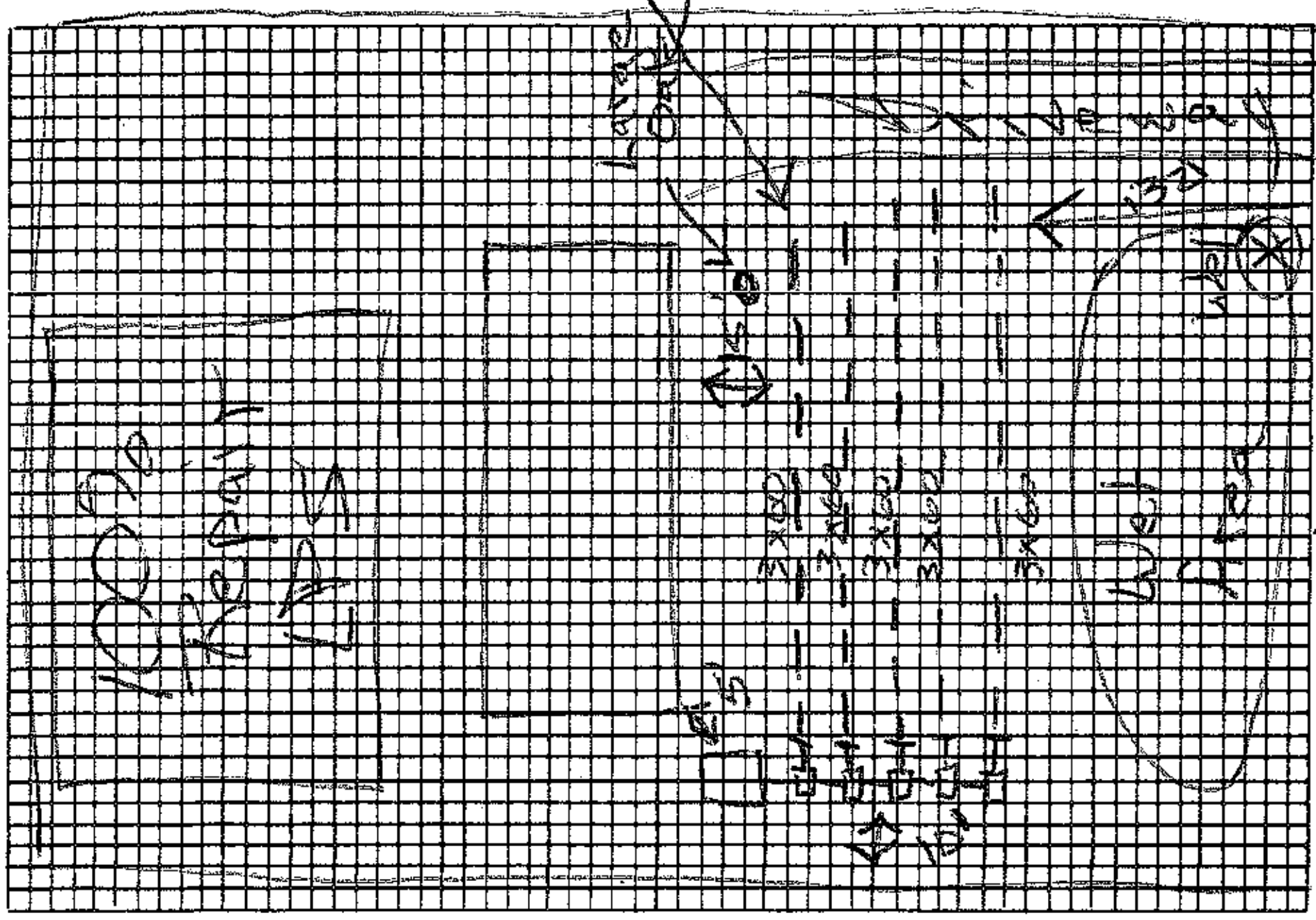
Topography 1-55 0

Depth to Water Table + 3'

Rock or other impervious formations none obs.

Lot Area ________

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5@60'

Sq. Ft. 900' Linear Ft. 300'

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by FJ Ervin

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

Signed: ________

Aug 6, 1990 Change in location of well to back right side of lot. Repair will now be LPS Panel. SCT

IMPROVEMENTS PERMIT BY ________

COMMENTS: Well not installed at time of final. Well should be installed at front of lot. There should be room for approx. 1 repair line below new lines.

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 7/24/90

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