IREDELL COUNTY HEALTH DEPARTMENT 416605 326299

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

OWNER OR CONTRACTOR Mary Neilson DATE 12-19-85 PERMIT NO. 533

PHONE: Business _____ Home _____

LOCATION 1125 S R Dirt Road on R below Mission Pines

S. R. No. _____

SUBDIVISION NAME Wildwood Acres LOT NO. 23 SECTION OR BLOCK NO. _____

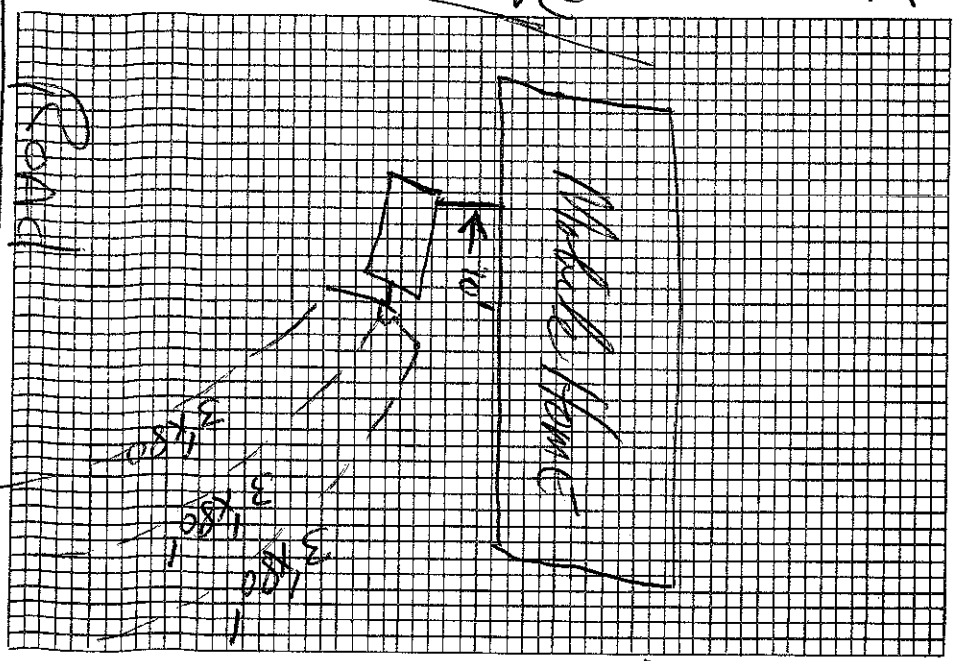
House ( ) Mobile Home (X) Business ( ) Other _____

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 20,000FT 2 DRive

Character & Porosity of Soil Clay loam
Percolation Rate 0.5 gal/ft²/day
Topography 2-8%
Depth to Water Table 24"
Rock or other impervious formations NONE obs

___ Basement with Plumbing ___ 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 T.J. Ervin Co

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

Signed _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: well not down yet

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 12-19-85

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