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Barbara Christian 663-1699

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 William Dillon DATE Feb-14 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1125 S. TR into Willowood Acres on 5th on Right S. R. No. _____

SUBDIVISION NAME Willowood Acres LOT NO. 27 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil _____

Percolation Rate _____

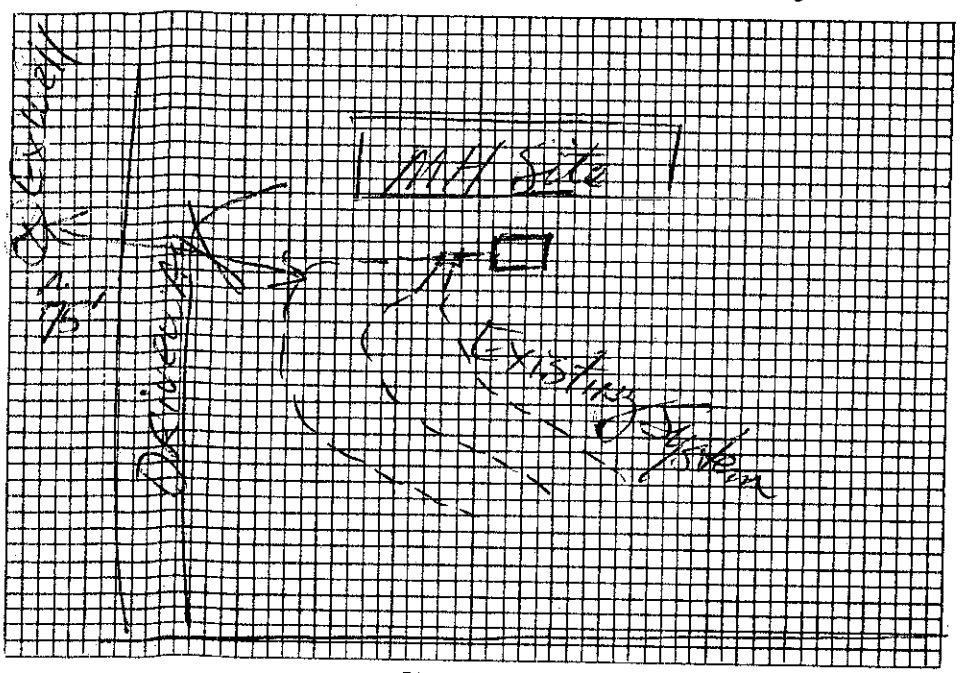
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines Existing

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no signs of malfunction at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. E. Lemmon, RS DATE 2-10-89

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

IREDELL COUNTY HEALTH DEPARTMENT

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

NER OR CONTRACTOR Mike Daughtery DATE 8-28-86 PERMIT NO. 476

)NE: Business _____ Home _____

:ATION 1125 S. TR just before Johnson Dairy Farm Rd.

S. R. No. _____

)DIVISION NAME Wildewood Acres LOT NO. 27 SECTION OR BLOCK NO. _____

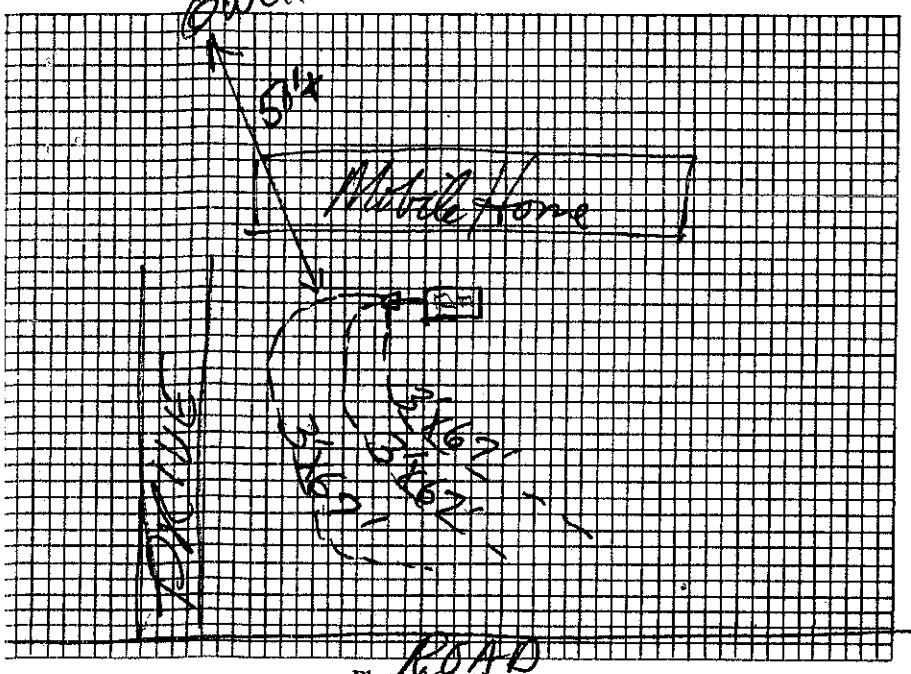
ıse ( ) Mobile Home (✓) Business ( ) Other _____

Bedrooms 2 No. Bathrooms 1½

bage Disposal Unit Yes ( ) No (✓)
o. Dishwasher Yes (✓) No ( )
o. Wash. Machine Yes (✓) No ( )
Suitable Yes (✓) No ( )
Area 20000 ft²

Character & Porosity of Soil Clay
Percolation Rate 2-4-30
Topography 2
Depth to Water Table 41+
Rock or other impervious formations none obs.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Rodney Elkins

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

Signed: _____

ROVEMENTS PERMIT BY _____

IMENTS: _____

TIFICATE OF COMPLETION BY James R Hinson, RS DATE 8-28-86

STING SYSTEM CHECKED BY: _____ DATE _____

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