4677293794

IREDELL COUNTY HEALTH DEPARTMENT

1709

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

OWNER OR CONTRACTOR Donald R. Satterwhite DATE 6/10/91 PERMIT NO. INA 13F

PHONE: Business _____ Home _____

LOCATION Wiggins Rd. first house on (L) after strawberries

S. R. No. 2399

SUBDIVISION NAME Woodland LOT NO. #2 SECTION OR BLOCK NO. _____

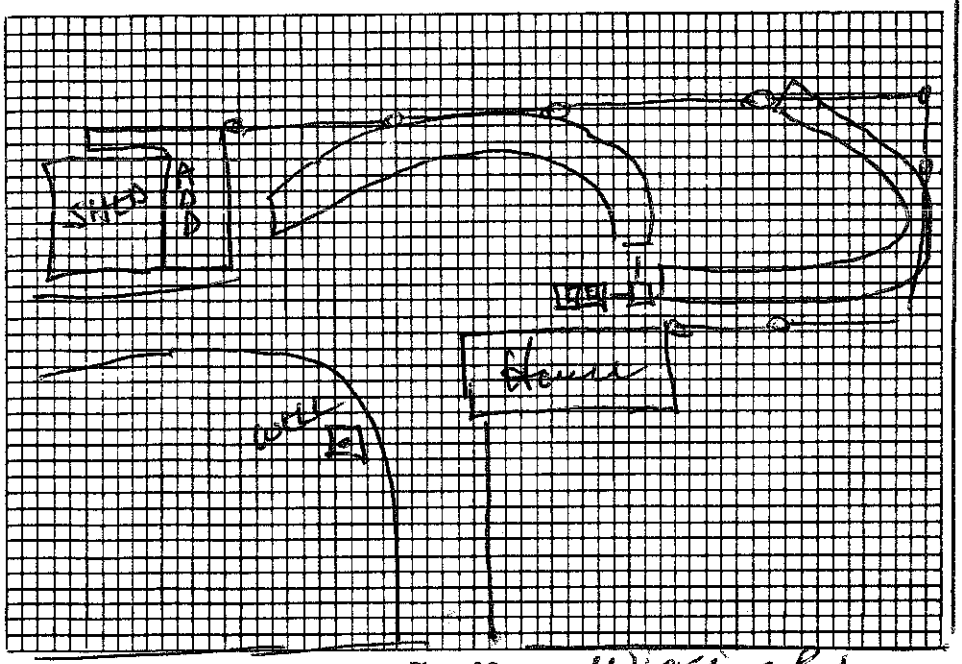
House (✓) Mobile Home ( ) Business ( ) Other ✓ Existing

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Existing
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area 20,000 Ft²

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Wiggins Rd.

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines _____
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: Completion under DW Davis. Owner accept responsibility for future occurrences; does not appear from field check that drainfield extends any further than is shown on sketch here.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Wesley Sparks RS. DATE 6/10/91

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