4677 35 7338

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

1188

OWNER OR CONTRACTOR Claude Wingler DATE 7-25-89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TR Alexander Grove Rd. (1154) across from Oakmeadow Sub. N. ½ mile on left S. R. No. _____

SUBDIVISION NAME Medulla LOT NO. _____ SECTION OR BLOCK NO. _____

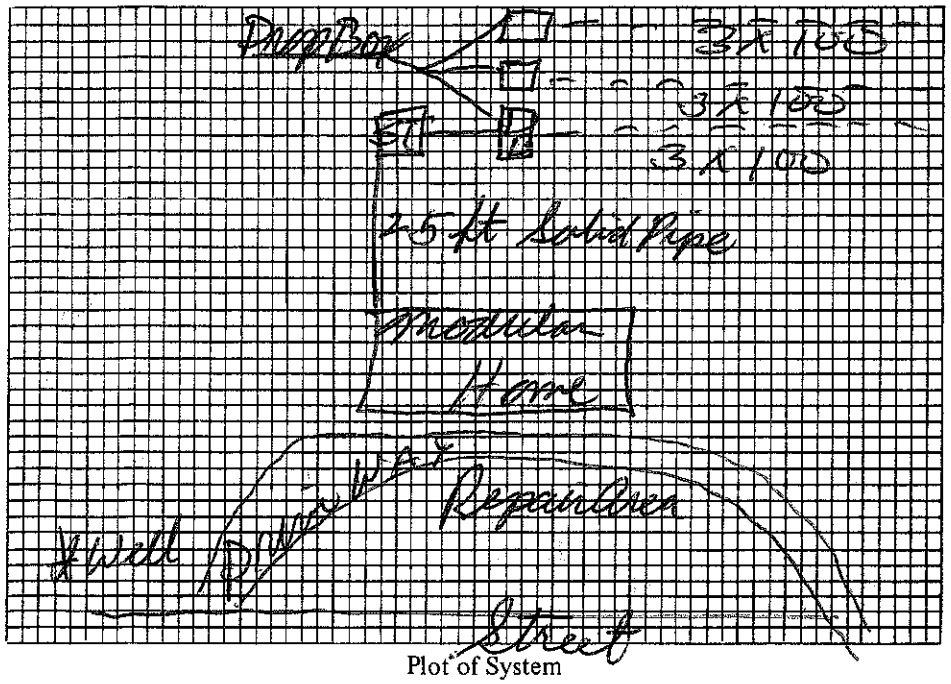
House ( ) Mobile Home (X) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8%	somewhat Complex
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4" +	
			Rock or other impervious formations	none observed	

Lot Area _____

_____ 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. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (X)

Public ( )

Installed by _____

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

Signed: Lavon Benton

IMPROVEMENTS PERMIT BY _____

COMMENTS: Drainfield area to be slightly shaped (6-12") in order to provide consistent contour for liner. Follow contour with drainfield. Trench bottom 24-30"

CERTIFICATE OF COMPLETION BY R. Richard Lineback DATE 7-25-89

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