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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 Mike Thompson DATE Feb. 23, 89 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 E. (By Pass) TL 2399 (Wiggins Rd.) n 350' TR Forest Edge Dr. n ½ mile on Rt. S. R. No. _____

SUBDIVISION NAME Woodland Heights LOT NO. 15 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Workshop Addition - no plumbing

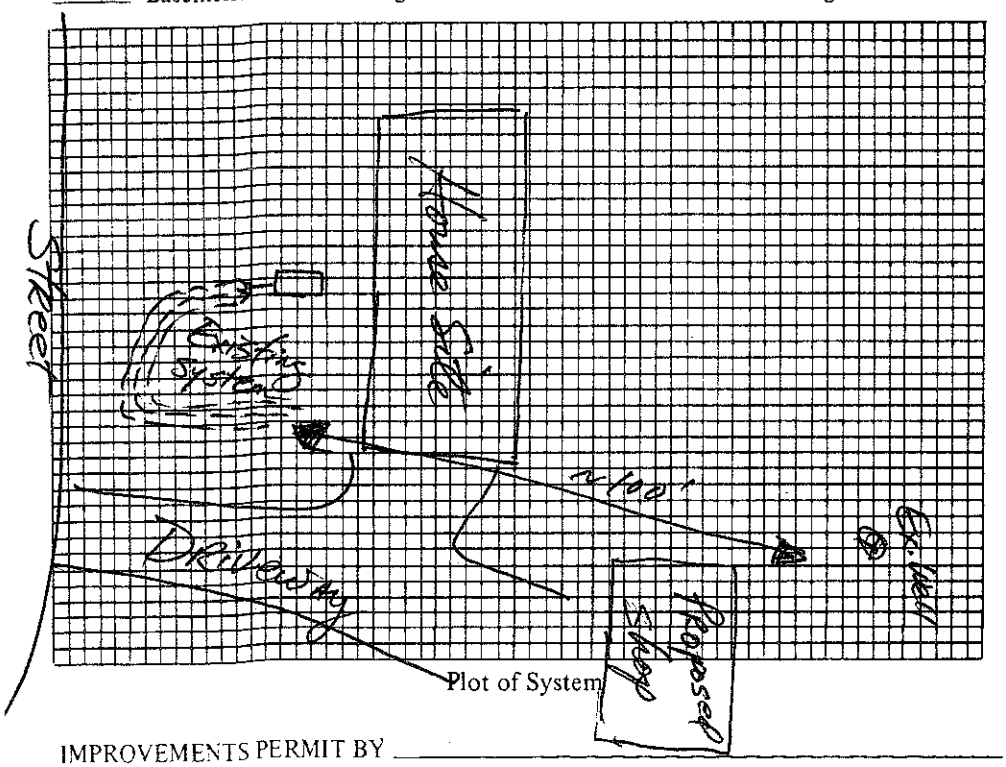
No. Bedrooms _____ No. Bathrooms _____

| | | | | |
|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No ( ) | Percolation Rate | |
| Auto. Dishwasher | Yes ( ) | No ( ) | Topography | |
| Auto. Wash. Machine | Yes ( ) | No ( ) | Depth to Water Table | |
| Site Suitable | Yes ( ) | No ( ) | Rock or other impervious formations | |

Character & Porosity of Soil _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ___✓___ No Basement




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 sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: J. R. Jarvis, R.S. DATE 2/23/89

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