IREDELL COUNTY HEALTH DEPARTMENT 4678660762

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

OWNER OR CONTRACTOR William West DATE Nov. 6, 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 By Pass E. TL 2399 (Wiggins Rd.) on Rt. just before creek S. R. No. _____

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

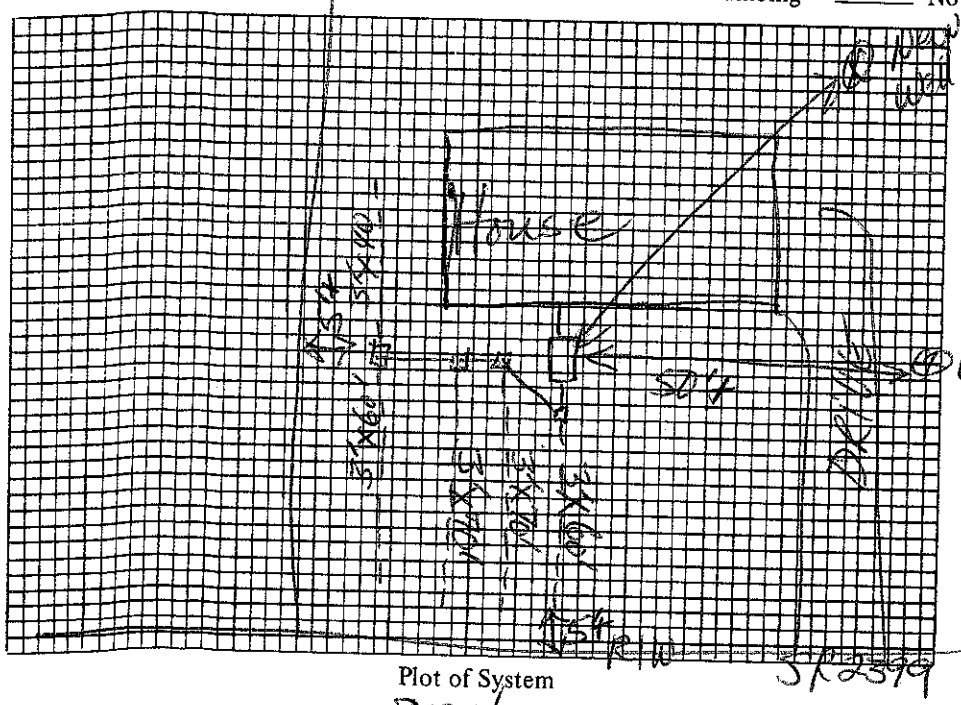
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4+	
			Rock or other impervious formations	none obs.	

Lot Area .792 Ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 5
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 24

Water Supply: Individual (✓)
Public ( )

Installed by Larry Beam

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: New Well not down.

CERTIFICATE OF COMPLETION BY DR Hinson, R.S. DATE 11-6-87

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