07225

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 West DATE 8-12-87 PERMIT NO.

PHONE: Business Home 663-6654

LOCATION 801 N T.R. Wiggins Rd. X creek 1st lot on left. S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

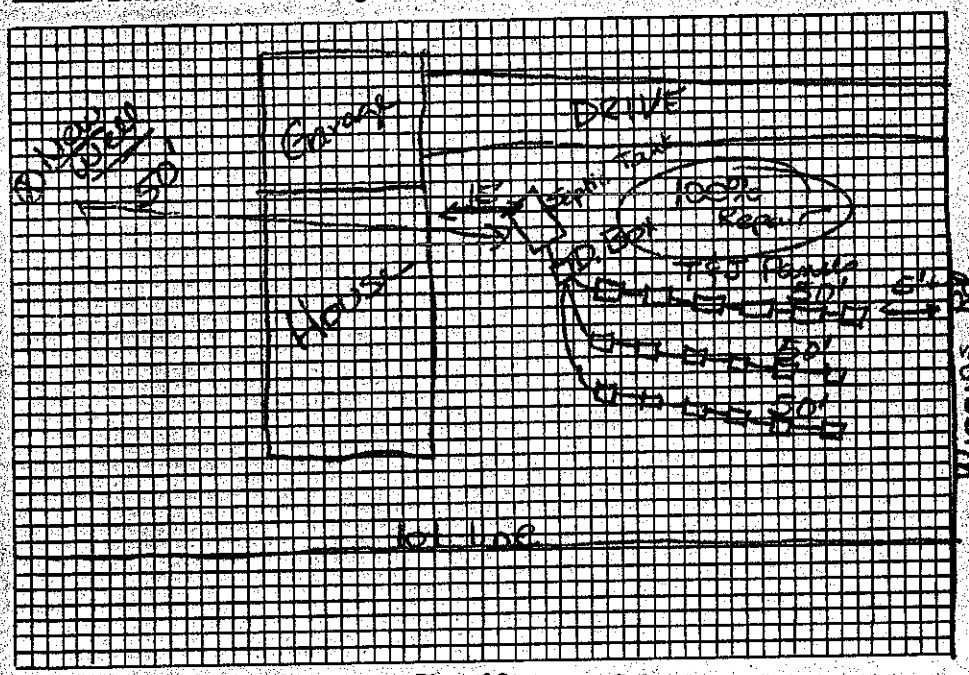
House (✓) Mobile Home ( ) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey transition
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	.4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10% – 15%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area .792

___ Basement with Plumbing ✓ Basement without Plumbing ___ No Basement



Plot of System NTS.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. Linear Ft. 150' 16" T&J. pane

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: William B. West

IMPROVEMENTS PERMIT BY Audie C Pierce

COMMENTS: *Old well in front yard must be properly abandoned and written approval of abandonement from NCNRCD received before completion is issued. Keep panel lines shallow (6" cover max.) Run lines on contour. (Repair – uphill with pump system to keep system down hill so as to maximize repair uphill in the future.

CERTIFICATE OF COMPLETION BY DATE

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