IREDELL COUNTY HEALTH DEPARTMENT 4679431057

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

OWNER OR CONTRACTOR W. E. Smith - Smith Builders DATE 3/16/89 ~~PERMIT NO.~~ 19A

PHONE: Business _____ Home _____

LOCATION 801 N. On R before Wiggins Rd.

S. R. No. _____

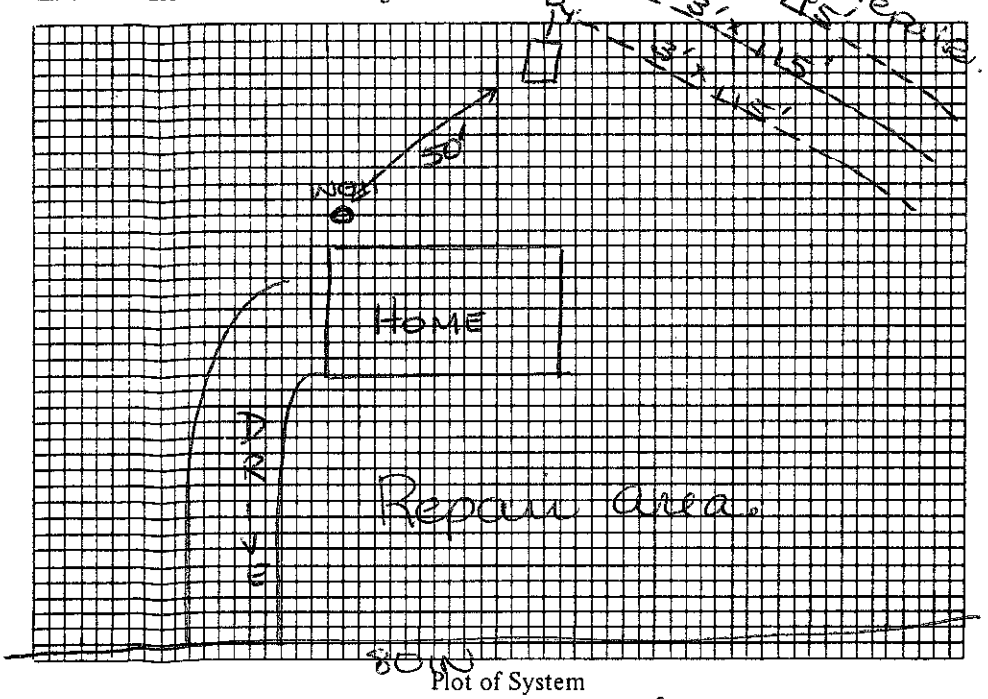
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1A.

Character & Porosity of Soil Clayey
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Smith Builders.

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

Signed: _____

IMPROVEMENTS PERMIT BY Andre C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Pierce DATE 3/16/89

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