4679434364

IREDELL COUNTY HEALTH DEPARTMENT

13336 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

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

OWNER OR CONTRACTOR Don W Simpson DATE 10/31/91 PERMIT NO. Rtd 4C-A-28

PHONE: Business _____ Home 664-7092

LOCATION 801 N, on (R) at corner of Wiggins Rd.

S. R. No. 801 N

SUBDIVISION NAME Wm Smith Prop. LOT NO. 8 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 ( )

Character & Porosity of Soil P-c (sl-sa)

Percolation Rate .35

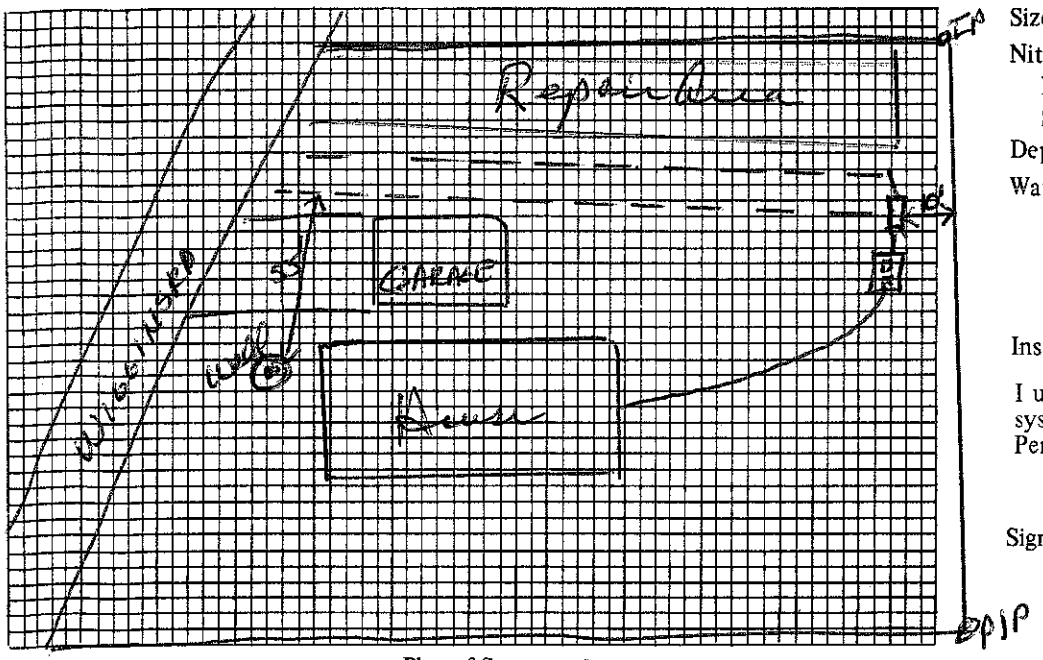
Topography 2%

Depth to Water Table >48"

Rock or other impervious formations None observed

Lot Area 1.96 AC

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System 801

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2 @ 150' x 3'

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

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 _____

COMMENTS: 0 boot with speed levelers

CERTIFICATE OF COMPLETION BY Wesley Sparks R.S. DATE 10/31/91

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