35926

10284.

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 DAVID W. POOLE DATE 12-29-89 PERMIT NO. 8H-4-B-30

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W - 2nd lowest White Oaks - T.L. into dev. - stay straight - 2nd right - 1st drive.

S. R. No. _____

SUBDIVISION NAME WINDFOREST DEV. LOT NO. 30. SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 acre.

Character & Porosity of Soil Prov. Suitable

Percolation Rate 3 - 120 min. / 1 in. / 1 ft.

Topography 2 - Slight slope

Depth to Water Table 10+

Rock or other impervious formations scattered rock.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

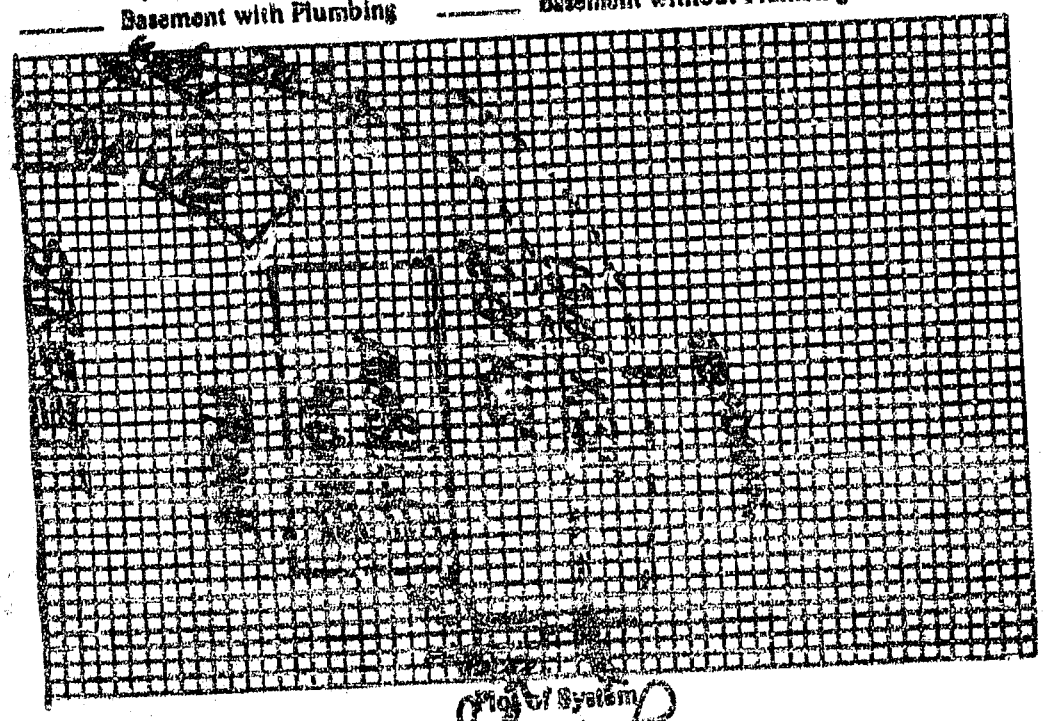
Nitrification Field:

No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Charlie Brice

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

_____ DATE 12-29-89

CERTIFICATE OF COMPLETION BY [signature] DATE _____

EXISTING SYSTEM CHECKED BY: _____

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