07070

# 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 ROBERT TURNER DATE 9-4-87. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 West - 2 miles past White Oaks on left - Enter dirt - 200 yards on (R). S. R. No. _____

SUBDIVISION NAME WIND FOREST DEV. LOT NO. 4 SECTION OR BLOCK NO. _____

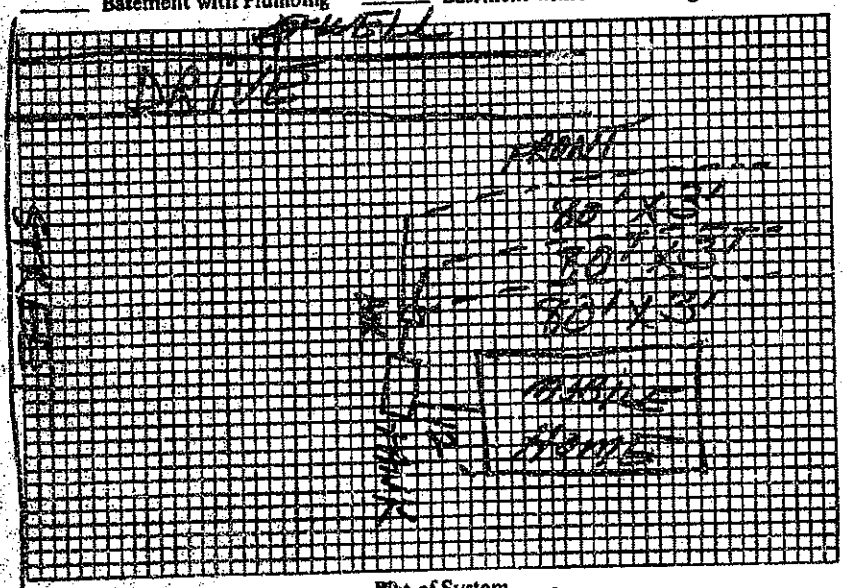
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Prov. Suitable | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 5 gal/sq. ft. | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 6-10% | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10+ | |
| | | | Rock or other impervious formations | scattered surface rock | |

Lot Area 1. Acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 3

No. of Lines _____

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Forest Shuford.

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 9-4-87

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