08572

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 DONALD HEPLER DATE 4-14-88. PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Hwy 64-70 W approx. two miles past White Oaks - T. [illegible] dev.
go 2 forks - 1st [illegible] on left. S. R. No. ____

SUBDIVISION NAME WINDFOREST DEV. LOT NO. 6 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 1 acre.

Character & Porosity of Soil Prov. Suitable.

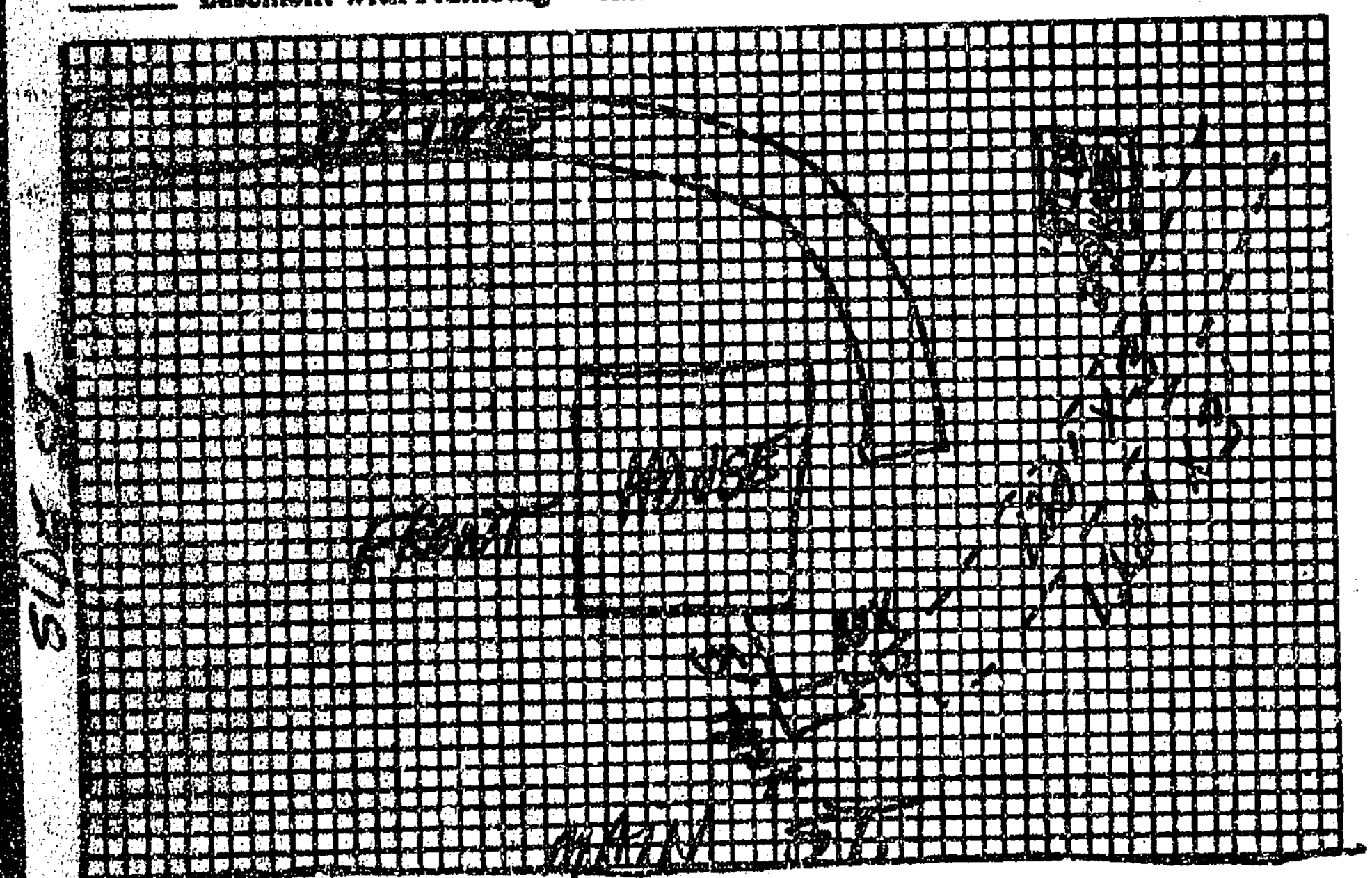
Percolation Rate .5 gal./sq.ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations scattered rock.

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field: 2

No. of Lines ____

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Donald Lackey

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 4-14-88

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