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 ROLAND WELLMAN DATE 7-8-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. west - T. L. on Pineville Rd. - 3rd brick house on left.

_____ S. R. No. _____

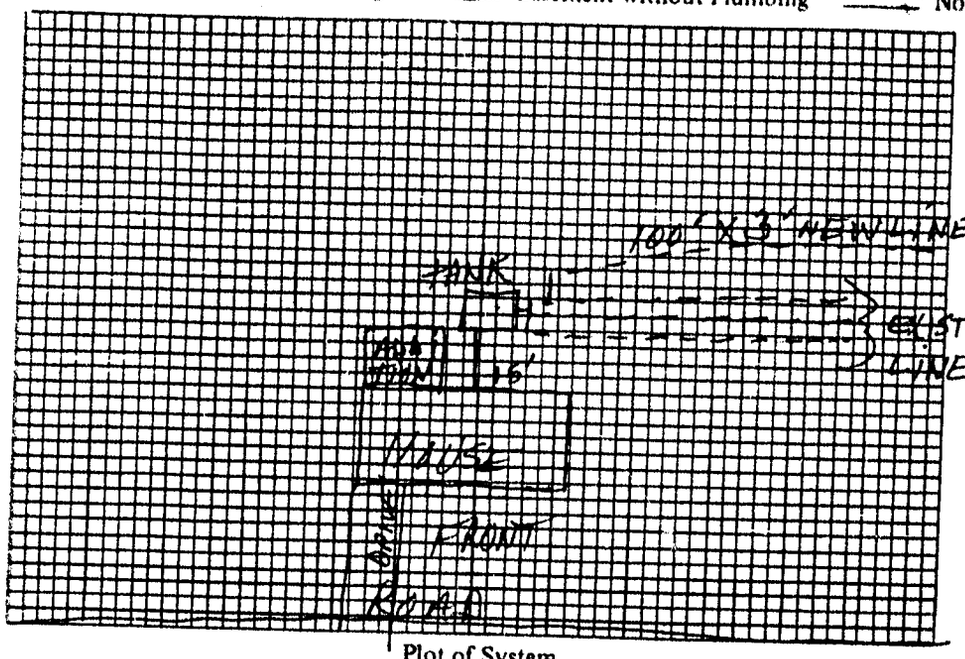
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Beauty Shop addition

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	sandy clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	5 min/1 in.	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
Lot Area 6 acres			Rock or other impervious formations	none	

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 EXISTING Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 10" +
Water Supply: Individual (✓)
Public ( )

Installed by Roland Wellman

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS: Well on another lot.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 7-8-85.

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