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 Donna Cline DATE 11/24/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N, Lf on Scotts Creek, Lf on Ethel, Rt on DW, Horse 1/4 mile on Rt

SUBDIVISION NAME Woodrose Park LOT NO. 60 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 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 Prev. Suitable

Percolation Rate 3-4 spd/fre

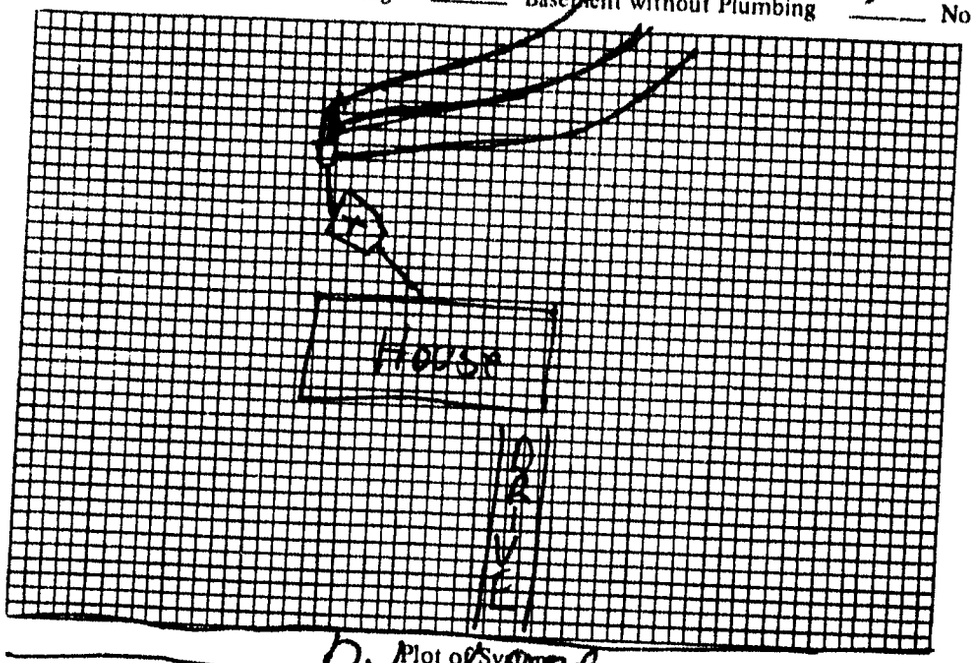
Topography 2-10%

Depth to Water Table 10'

Rock or other impervious formations scattered rock

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Eddie Younts.

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox, Jr.

COMMENTS: Good Installation.

CERTIFICATE OF COMPLETION BY Glenn Fox, Jr. DATE 11/24/86

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