02142

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 Tiffany Homes DATE 8-6-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115N TL on SR 1501 (Smith Rd) Cross 115 TL on Ethel Lane TR on Dogwood Lane - House on Left 2nd House S. R. No. _____

SUBDIVISION NAME Woodlawn Park LOT NO. 50 SECTION OR BLOCK NO. _____

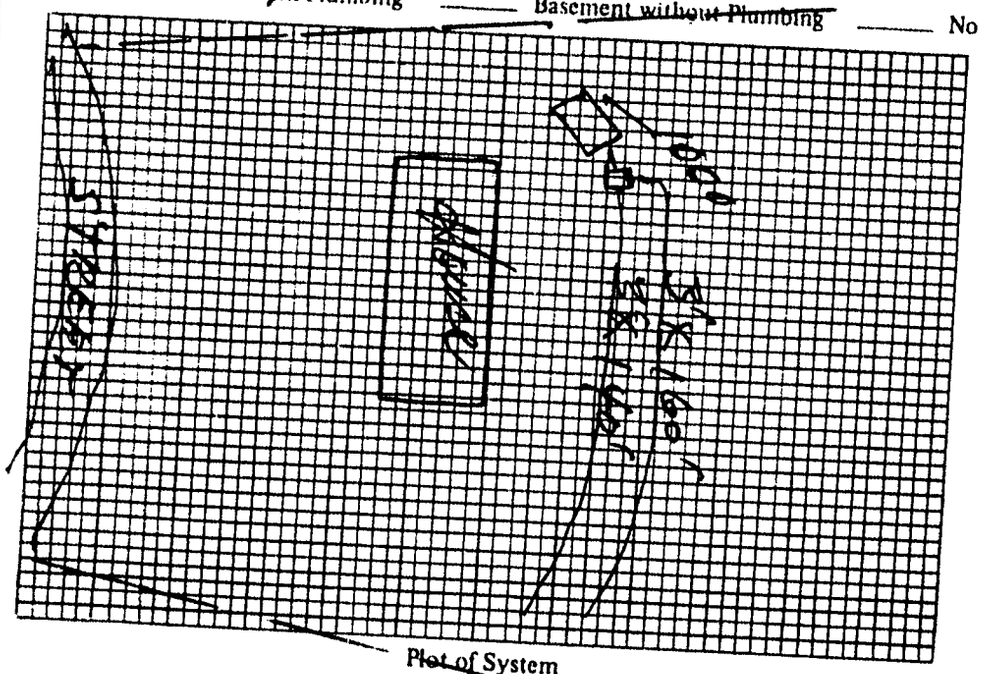
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Acre

Character & Porosity of Soil Red Sandy Clay
Percolation Rate 45 Min per Inch
Topography Sloping
Depth to Water Table 10'+
Rock or other impervious formations Weathered Rock

_____ Basement with Plumbing _____ ~~Basement without Plumbing~~ _____ No Basement



Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 7
Sq. Ft. 700 Linear Ft. 300
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 _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: _____ DATE 8/6/85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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