03352

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 EDWARD BURKS DATE 3-26-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N - T.L. on Sullivan Rd. cross Old Wilkesboro Rd. - driver on left - T.R. on 1st st. - ¼ mi. on left. S. R. No. _____

SUBDIVISION NAME WOOD ROSE PARK LOT NO. 42 SECTION OR BLOCK NO. _____

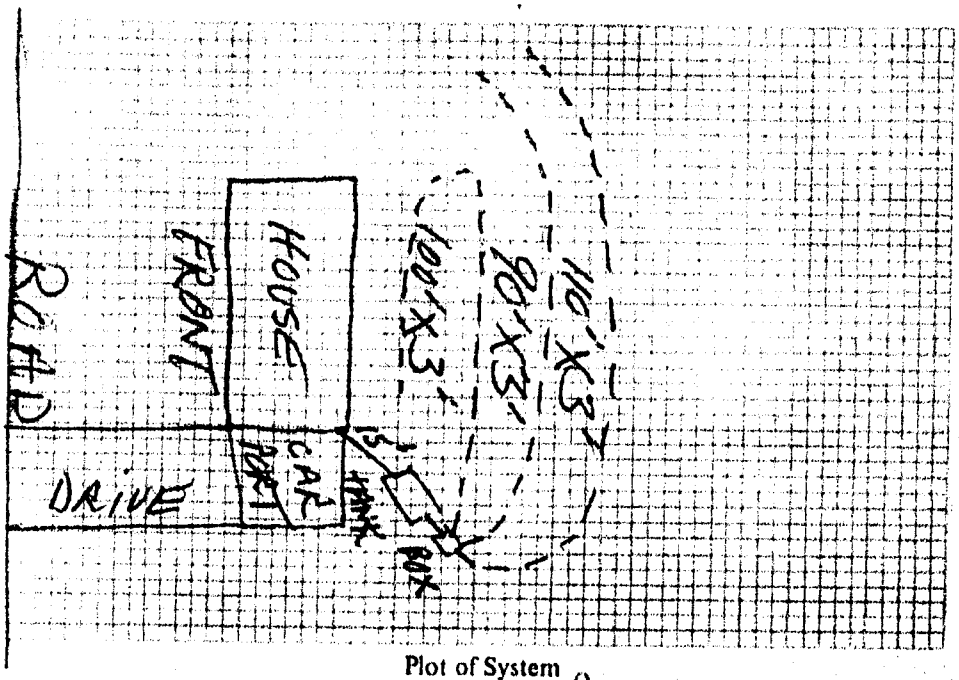
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Class IV
Percolation Rate 4 gal./sq. ft.
Topography 2-6%
Depth to Water Table 10'+
Rock or other impervious formations none observed.

Lot Area 26,000 sq. ft.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines _____
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Dennis Gallifer Benny Luttrell.

IMPROVEMENTS PERMIT BY Terry Pierce.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 3-26-86.

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

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold