01858

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 Samuel A Scott DATE 8-16-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N - TL on SR 1551 (Scotts Cr) Cross Roads Int into Ethel Lane TR on D.D. Drive House on RT

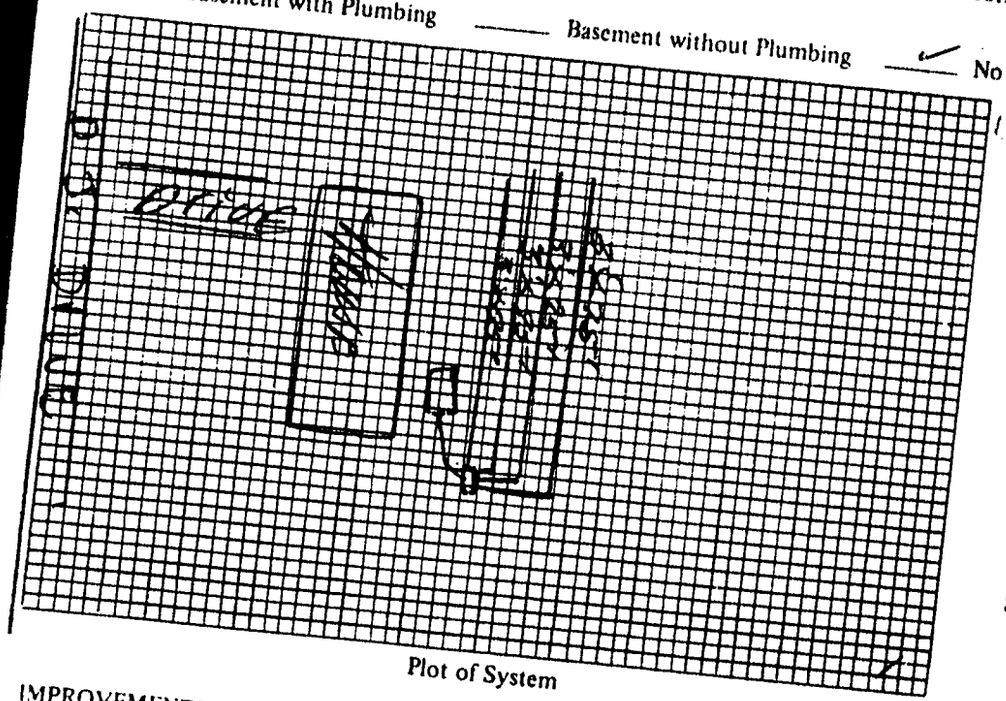
SUBDIVISION NAME Wood Rose Park LOT NO. 36 SECTION OR BLOCK NO. _____ S. R. No. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil Red Suitable Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate 24 Jul 85 PT ~ MIN
Auto. Wash. Machine	Yes (✓)	No ( )	Topography 6 - 10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 40'
Lot Area 22,200			Rock or other impervious formations Bedrock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 400 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual ( )

Public (✓)

Installed by Iredell County Sanitarian

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Tate Jr DATE 8/16/85

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