01855

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 (Smith Rd) Cross at 115 TL on Ethel Lane - S. R. No. _____

SUBDIVISION NAME Wood Rose Park LOT NO. 28 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 100 X 260

Character & Porosity of Soil Gen. Suitable

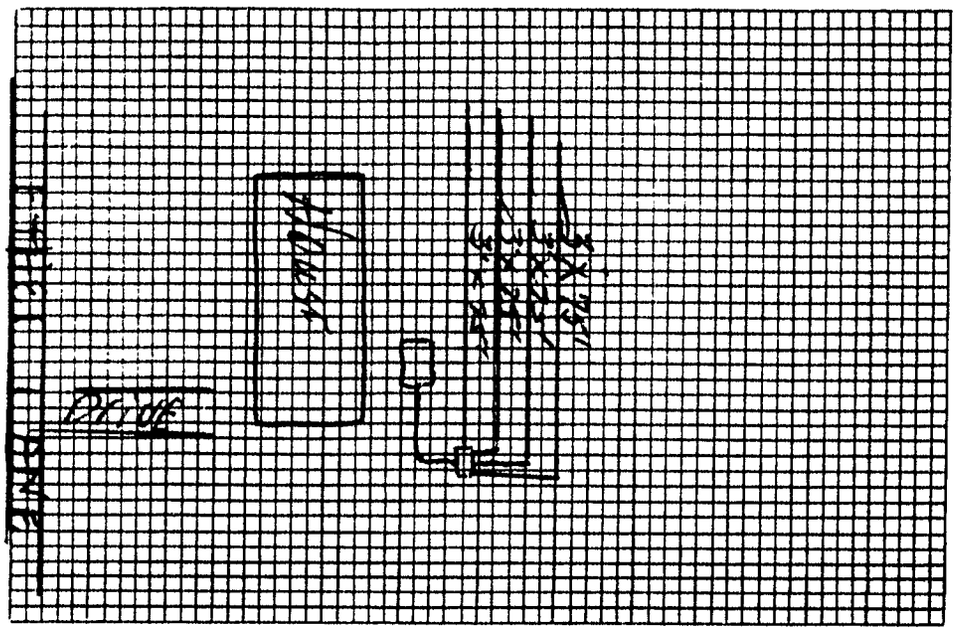
Percolation Rate 4 Jan 49 / Hoppe

Topography Level

Depth to Water Table _____

Rock or other impervious formations Bottom Rock

_____ 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 Allie Grant & Son

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Thomas Long 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