05200

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 William Dan McAuley DATE 11-5-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N. - Turn Sunrise Trailer Park Onto Old 115 - on South Fork Rd. - 1st on Ethyl Dr. House on Rt.

SUBDIVISION NAME Woodrose Park LOT NO. 32 SECTION OR BLOCK NO. _____ S. R. 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 300

Character & Porosity of Soil Sandy Loam

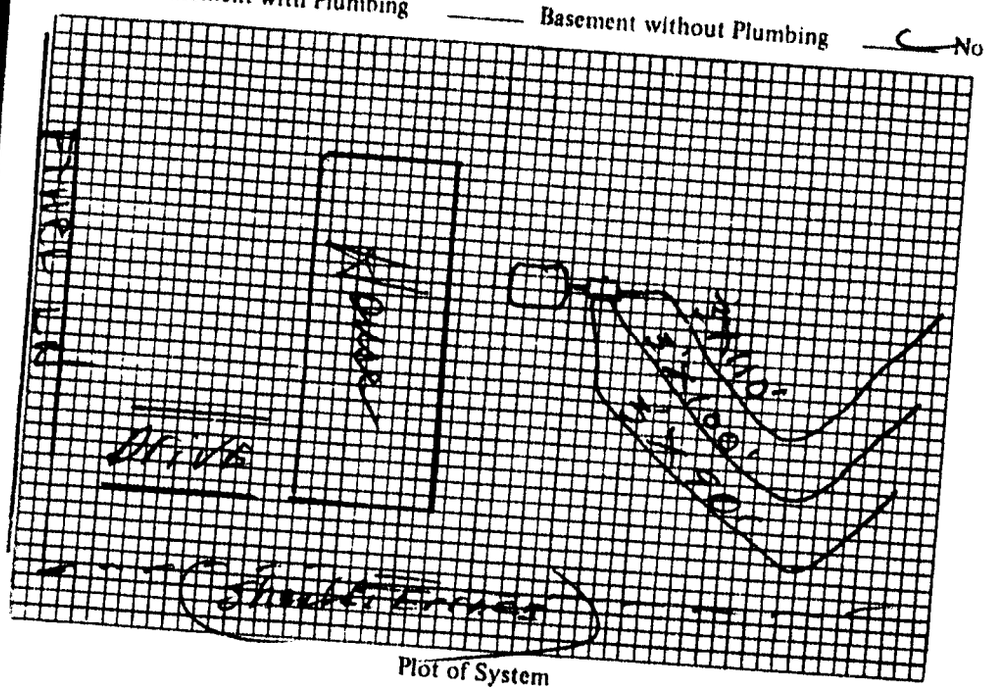
Percolation Rate 4 Salmon appr

Topography 2 - 10%

Depth to Water Table 48"

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing (✓) No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 200 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by James Sullivan

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: House Drain from Road should be terraced away from Septic Tank System

CERTIFICATE OF COMPLETION BY _____ DATE 11/5/86

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