## IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

REPAIR

OWNER OR CONTRACTOR MRS FRED (MARJORIE) MUNDAY WAUGH DATE 4/14/92 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL OLD WILKSBORO ROAD, 3RD (H) on (R)

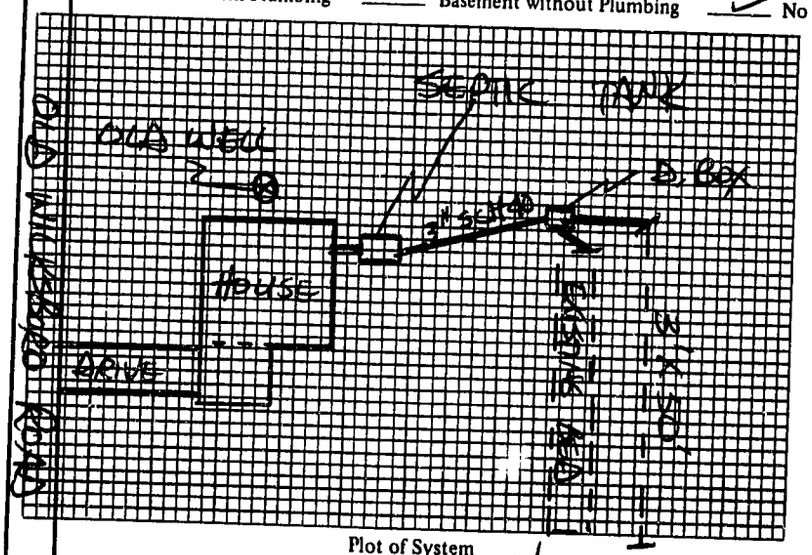
SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

| | | | |
|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil _____ |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate _____ |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography _____ |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table _____ |
| Lot Area AMPLE | | | Rock or other impervious formations EXISTING |

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines EXISTING
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓)

Installed by HARRY REED

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEDRICK

COMMENTS: ① SEPTIC TANK PUMPED OUT, ② NEW SANITARY TEE INSTALLED IN TANK, ③ NEW 3" SCHEDULE 40 PIPE INSTALLED FROM TANK TO D. BOX ④ NEW D. BOX INSTALLED ⑤ LINES FED WITH NEW 3" SCH 40 PIPE.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/14/92

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