## 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 CECIL WILCOX DATE 7/9/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION NC 115 N, TR 5, CHIPLEY FORD RD, TL CROSSWHITE, TL 1ST HARRIETT LANE, 3RD HOUSE ON (L) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

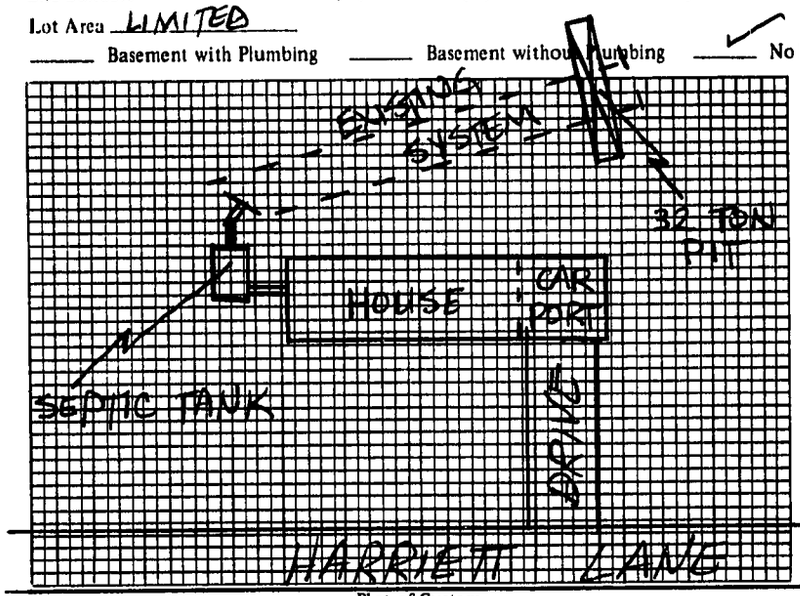
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil PS
Percolation Rate .4 GPD / FT²
Topography 10-15% HS
Depth to Water Table >4'
Rock or other impervious formations NONE

Lot Area LIMITED

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines 1 32 TON PIT
Sq. Ft. — Linear Ft. _____
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by HARRY REEP

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE _____

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