80-84

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 Thomas Waugh DATE 4/20/88 PERMIT NO. _____

PHONE: Business _____ Home 528-4022

LOCATION 21 N TL Flowerhouse Loop TL Lipe. 4th MH on R. S. R. No. _____

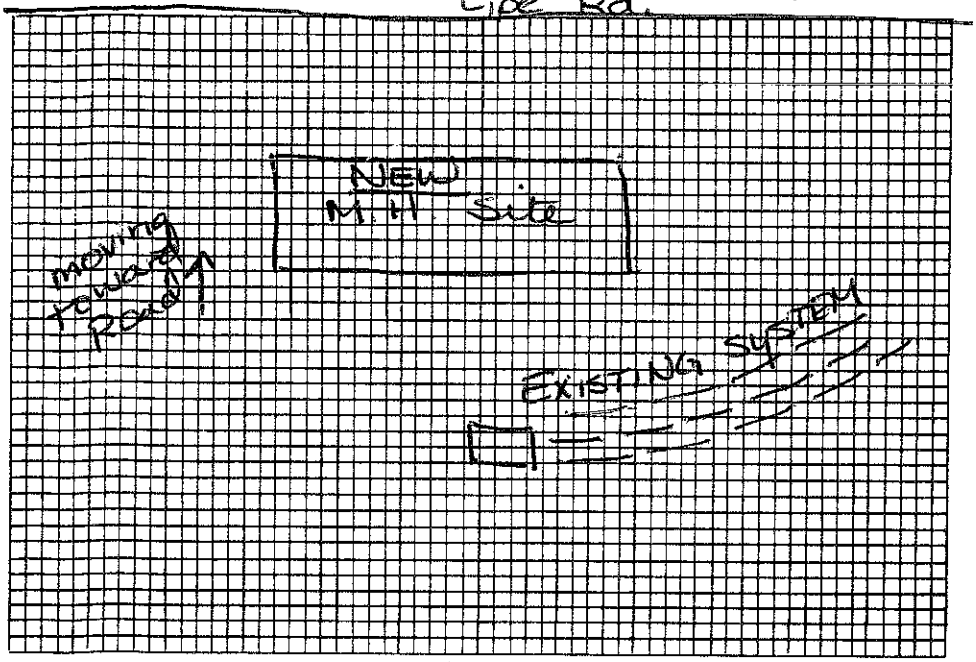
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 1/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (·) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable P.S. Yes (✓) No ( )
Lot Area 5.90 ACRE

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement 4-10-73 - E.A. Stevenson



Plot of System

Size of Tank existing (1000) Gals.
Nitrification Field:
No. of Lines 225' - existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: ~~Ptic~~ No sign of sewage seen at this inspection. Washer plumbed back into system - 4/20/88

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Andrew C. Price DATE 4/20/88

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