IREDELL COUNTY HEALTH DEPARTMENT 4750968382

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

OWNER OR CONTRACTOR ROBIN STEWART DATE 11/12/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N TR 2383 (SHINNVILLE ROAD) TL 2379 (WEATHERS CREEK) TL WINFORD RD. ~ 1/8 mi on L. S. R. No. _____

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

DW

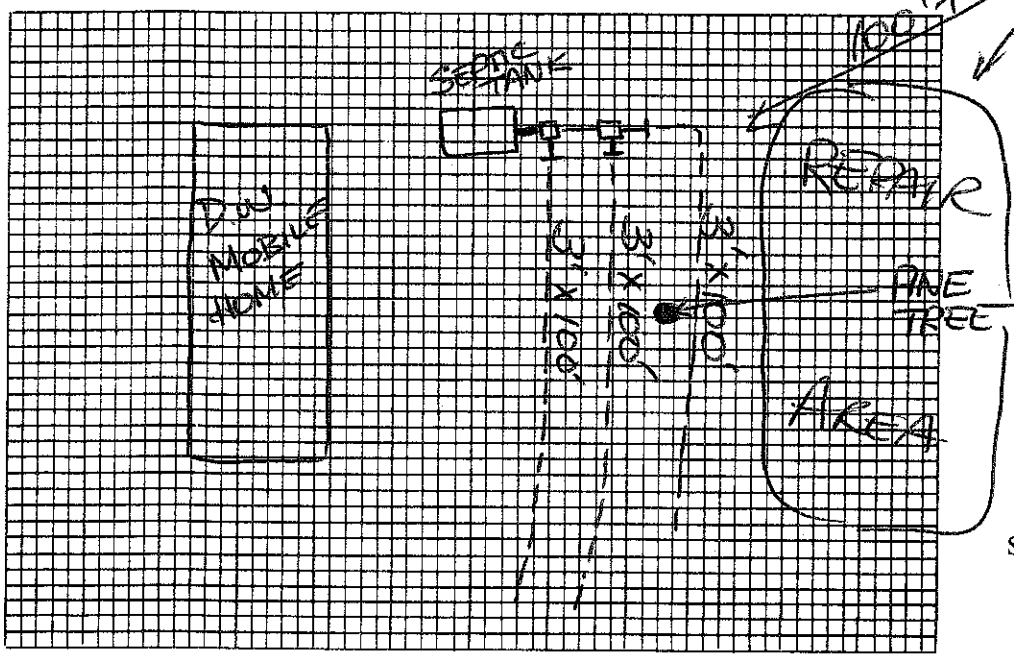
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clayey
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	n.f
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area ~20000

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

6 well
50'+

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by LACKEY

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: AS SOON AS WELL LETTER ABADONMENT IS MADE, COMPLETION WILL BE SIGNED
RECEIVED LETTER FROM NCNRCD ABOUT WELL ABANDONMENT 12/14/87

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE 11/12/87

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