10350

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 Linda Wise DATE 8-21-89 PERMIT NO 46-B-5583

PHONE: Business _____ Home _____

LOCATION Amity Hill Rd

S. R. No. _____

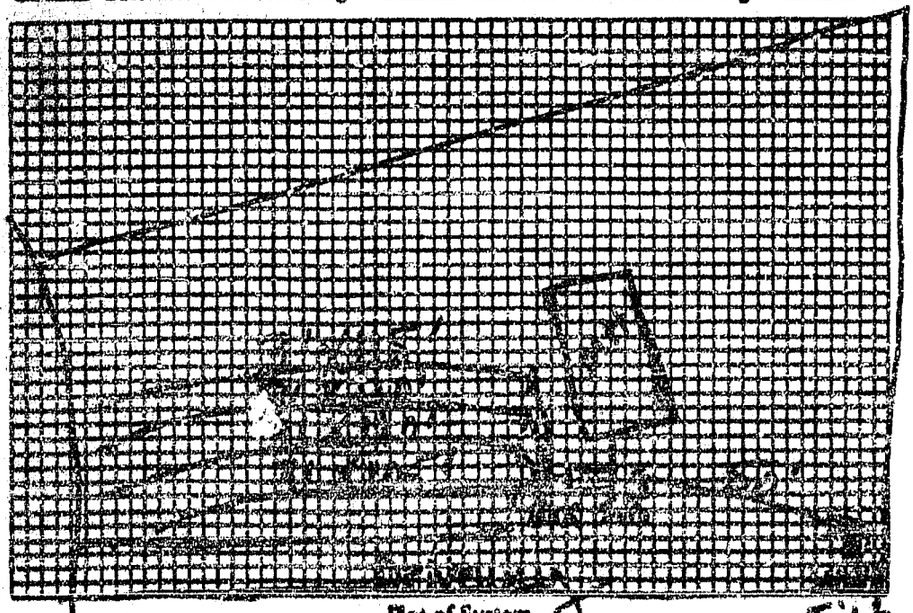
SUBDIVISION NAME D.W. Smith Est. LOT NO. 31 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	Clayey & Saprolite	
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	27	
Auto. Dishwasher	Yes (✓)	No ( )	Topography	2 to 30	
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	10' +	
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	none	

Lot Area 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Site

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1320 Linear Ft. 440
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Elker

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 8-21-89

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