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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 Welling Inc. DATE 9-5-90 PERMIT NO. SC-A-111

PHONE: Business _____ Home _____

LOCATION 70 E To Amity Hill Rd Cross 1st bridge 1/2 mi on Rt. S. R. No. _____

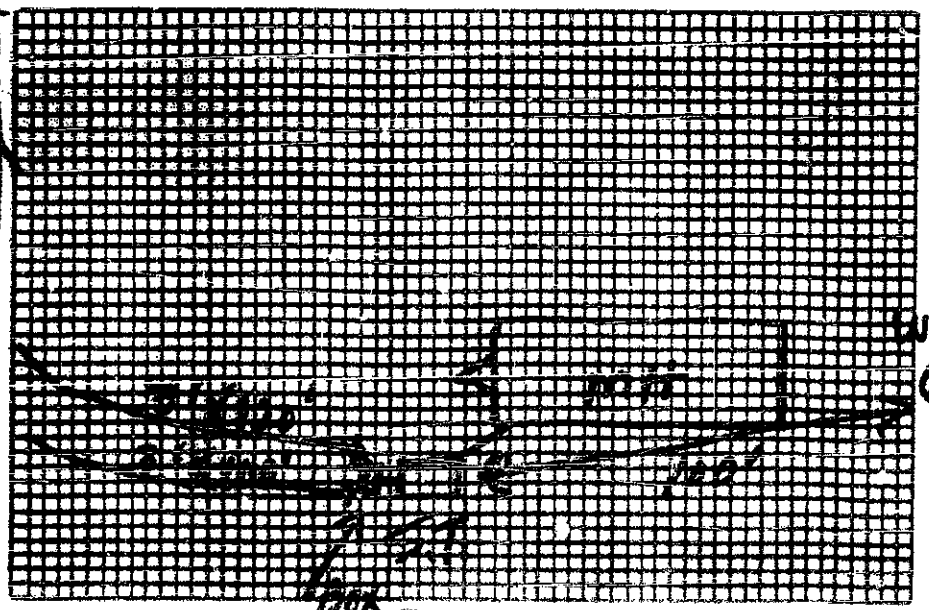
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1/2 acres

Character & Porosity of Soil Clayey
Percolation Rate 24 to 120
Topography Flat
Depth to Water Table 10 ft
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 660 Linear Ft. 220
Depth of Stone in Lines 12 to 15"
Water Supply: Individual (✓)
Public ( )

Well Installed by James Hudler

(X) 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 9-5-90

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

JAN. 2, 1989 7:05