04214

# IREDELL COUNTY HEALTH DEPARTMENT

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

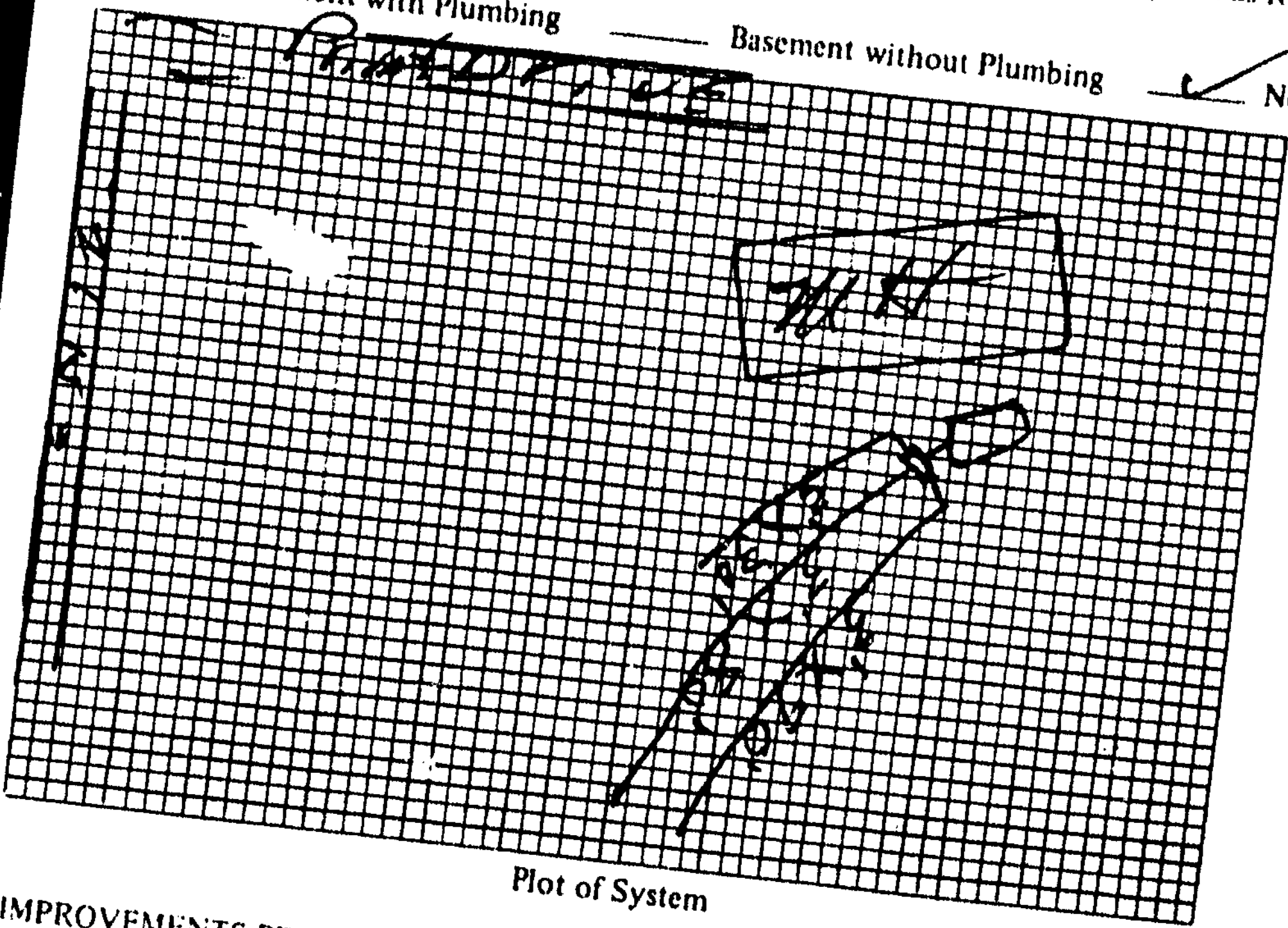
OWNER OR CONTRACTOR D. R. Wooten
PHONE: Business ________ Home ________ DATE 7-8-86 PERMIT NO. ________
LOCATION 21N - TL Private Dr. before Dunlap Gate
Rd. 1st Mobile Home on RT
SUBDIVISION NAME ________ LOT NO. ________ S. R. No. ________
House ( ) Mobile Home (✓) Business ( ) Other ________ SECTION OR BLOCK NO. ________

No. Bedrooms 2 No. Bathrooms 1

| | Yes | No |
|---|---|---|
| Garbage Disposal Unit | | |
| Auto. Dishwasher | Yes ( ) | No (✓) |
| Auto. Wash. Machine | Yes ( ) | No (✓) |
| Site Suitable | Yes (✓) | No ( ) |
| Lot Area .85 | Yes (✓) | No ( ) |

Character & Porosity of Soil Prov. Suitable
Percolation Rate
Topography 2-2% Slope
Depth to Water Table 60"+
Rock or other impervious formations 10'

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Larry Reep

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

Signed: ________

IMPROVEMENTS PERMIT BY ________

COMMENTS: ________

CERTIFICATE OF COMPLETION BY Glenn F. [illegible] DATE 7/8/86
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