0890

# 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 Bill Wood DATE 4/13/88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Fairmont Church Rd – Mobile Home Subd Residence S. R. No. _____

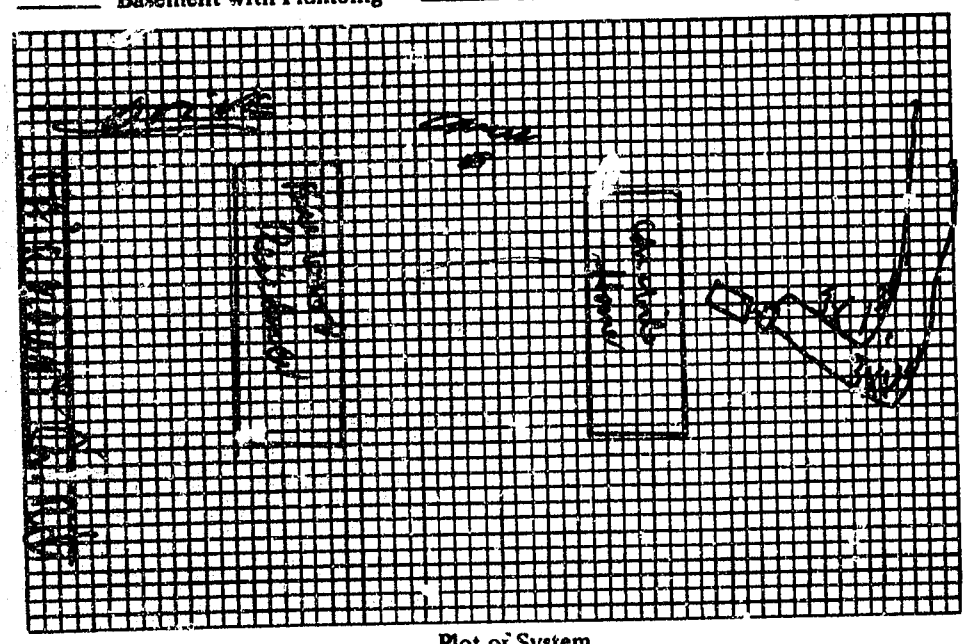
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

| | | | | | |
|---|---|---|---|---|---|
| No. Bedrooms | 2 | No. Bathrooms | 1 | Character & Porosity of Soil | Clay Suitable |
| Garbage Disposal Unit | Yes ( ) | | No (✓) | Percolation Rate | 45 Min/Inch |
| Auto. Dishwasher | Yes ( ) | | No (✓) | Topography | 2 - Slope |
| Auto. Wash. Machine | Yes (✓) | | No ( ) | Depth to Water Table | 10' |
| Site Suitable | Yes (✓) | | No ( ) | Rock or other impervious formations | None |

Lot Area Complies

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 120 Liners Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Ricky Daniels

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

Signed: _____

IMPROVEMENTS PERMIT BY [signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 4/13/88

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