9392

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 Larry Worth DATE 3-10-89 PERMIT NO. D-15

PHONE: Business _____ Home _____

LOCATION 70 E TR Bethesda Rd TR into Wood Haven Toward east TR at end on Rt. S. R. No. _____

SUBDIVISION NAME Wood Haven LOT NO. 42 SECTION OR BLOCK NO. _____

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

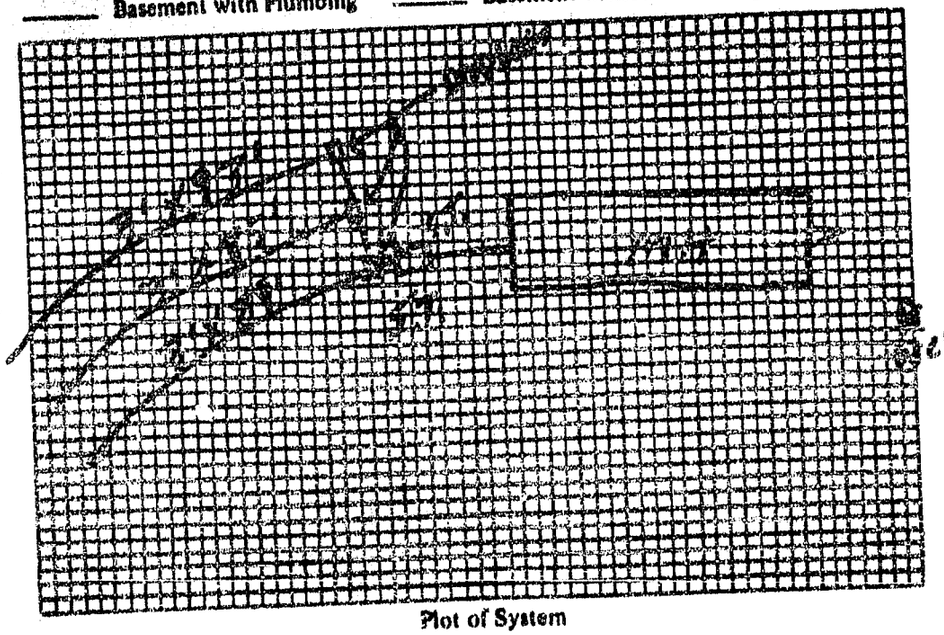
No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No	(✓)
Auto. Dishwasher	Yes ( )	No	(✓)
Auto. Wash. Machine	Yes (✓)	No	( )
Site Suitable	Yes (✓)	No	( )

Character & Porosity of Soil Clayey + Saprolite
Percolation Rate 3 gal/ft²/day
Topography Rolling
Depth to Water Table 10+
Rock or other impervious formations None

Lot Area 224,025 SF

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 266
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Well Next door

Installed by Wayne Orbison

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

Signed: _____

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 3-10-89

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