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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 Dorothy S. Brogan DATE 8-28-89 PERMIT NO. 58-2-C40

PHONE: Business ______ ______ Home ______

LOCATION Wood Haven Est 40

S. R. No. ______

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

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

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil Clayey

Percolation Rate .4

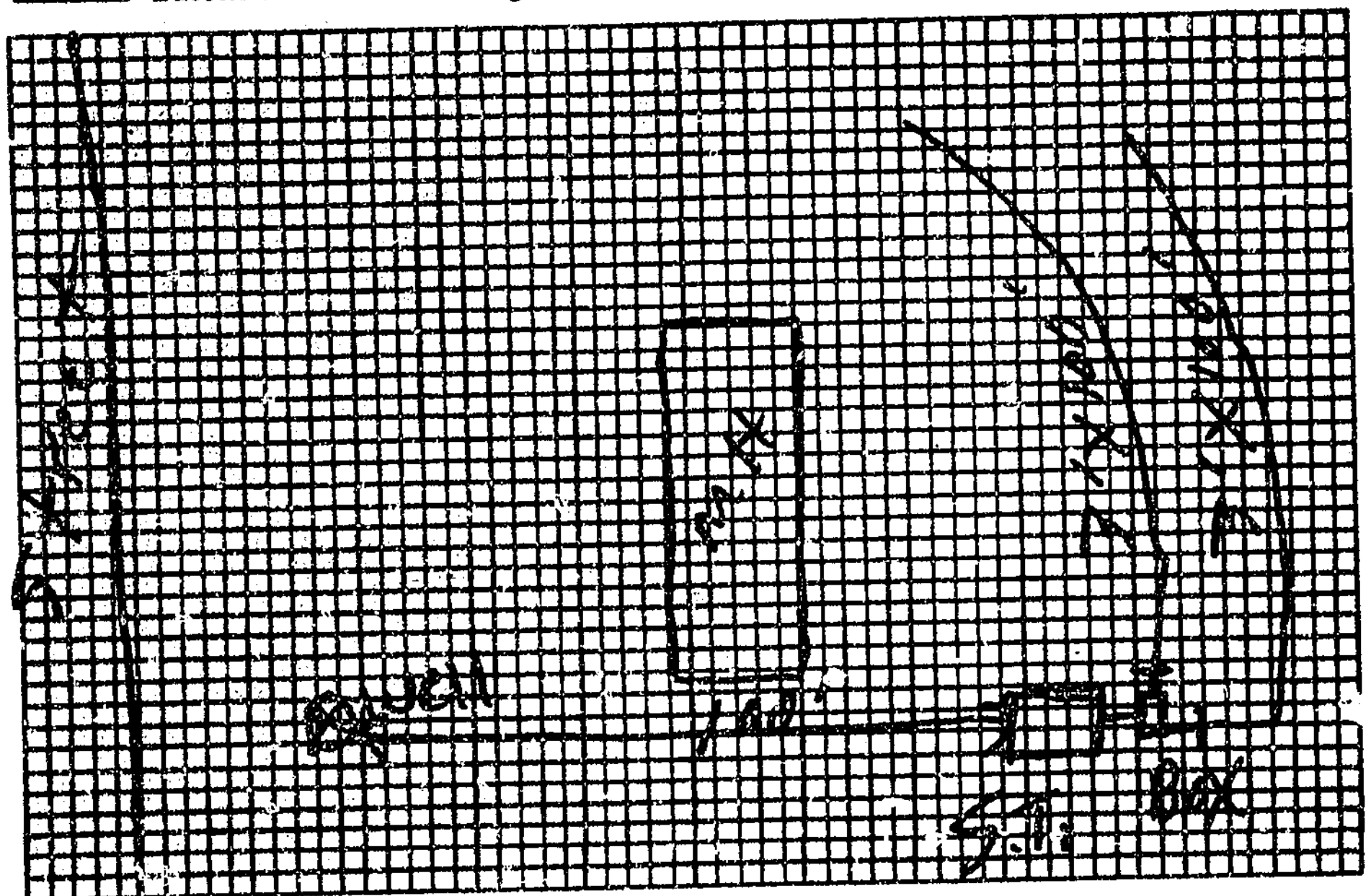
Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area 8 acres

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Wayne Eller

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

Signed: ______

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: ______

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 8-28-89

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