10874

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 Herbert Bragg DATE 3-15-90 PERMIT NO 582-C-30

PHONE: Business _____ Home _____

LOCATION Bethesda Rd

SUBDIVISION NAME Wood Haven Est. LOT NO. 30 SECTION OR BLOCK NO. _____ S. R. No. _____

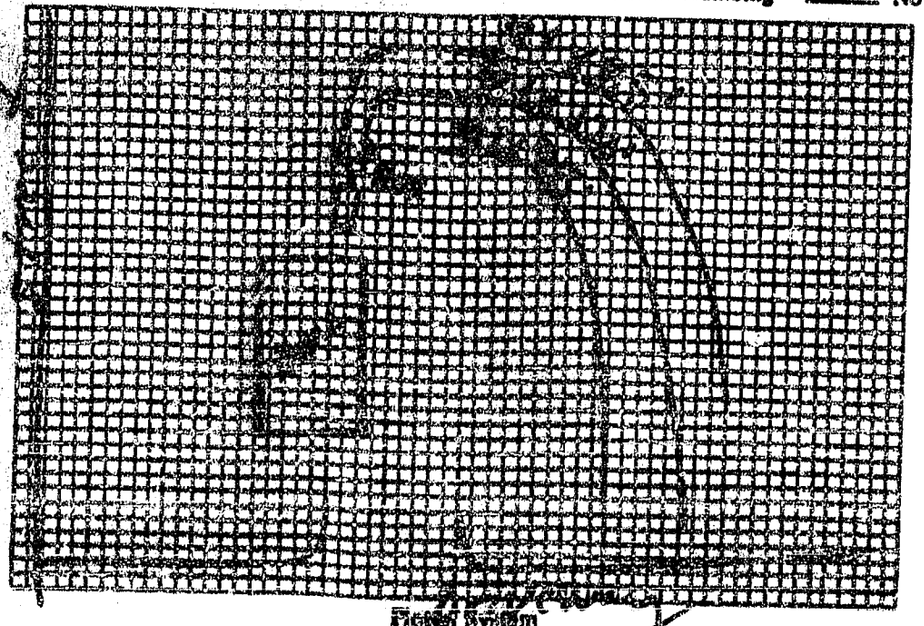
Front Part

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level to Rolling	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10' +	
Lot Area 2.4 acres			Rock or other impervious formations	None	

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Fiedler System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Wayne Elkey

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

Signed: _____

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: locate well upto 100' from assay part of S.T. System
Not Less than 50'

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 2-25-92

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