IREDELL COUNTY HEALTH DEPARTMENT

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

8426

OWNER OR CONTRACTOR Zebulon Vance Edwards DATE 6 5 89 PERMIT NO. 015

PHONE: Business _____ Home _____

LOCATION NE Bethesda Rd West Hollar Est Rd 2nd on R

_____ S. R. No. _____

SUBDIVISION NAME West Haven LOT NO. 12 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½ Character & Porosity of Soil Clayey

Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate _____

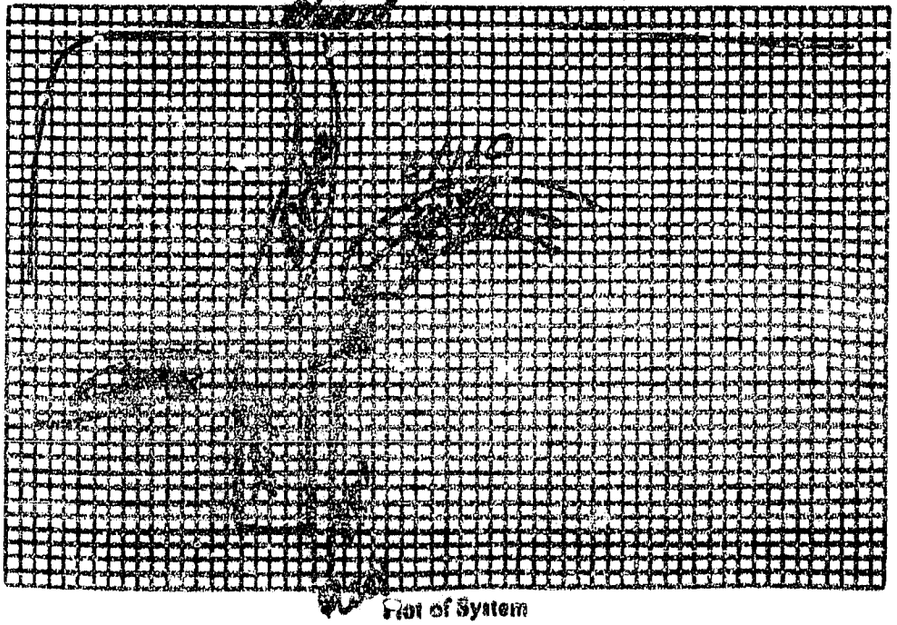
Auto. Dishwash. Yes ( ) No (✓) Topography Rolling

Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 52"

Site Suitable Yes (✓) No ( ) Rock or other impervious formations None

Lot Area 1.262Ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 500
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Travis Miller

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 6589

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 Dep. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold