12612

~~19612~~

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 MARY FRANCES WAUGH DATE 4/25/91 PERMIT NO. SB-A-20A

PHONE: Business _____ Home _____

LOCATION 70E, TR BETHESDA RD, ON (R) JUST BEFORE WOODHAVEN ESTATES S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area .497 AC

Character & Porosity of Soil PS

Percolation Rate .33 GPD/FT²

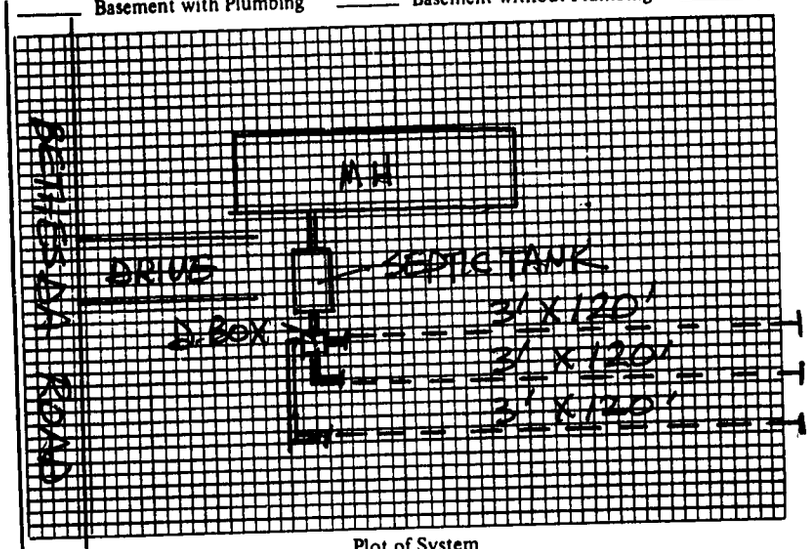
Topography 2-6%

Depth to Water Table > 4'

Rock or other impervious formations NONE

TP 3/11/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 12"

Water Supply: Individual (✓) WELL

Public ( ) NEXT DOOR

Installed by PHIL ROGERS

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. MOORE

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 4/25/91

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