City

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 P-S West Const. Co.

PHONE: Business ____ Home ____ DATE 11-9-84 PERMIT NO. ____

LOCATION 70 E - on left before Wayside Fire Dept
Old Wickes [illegible] Property

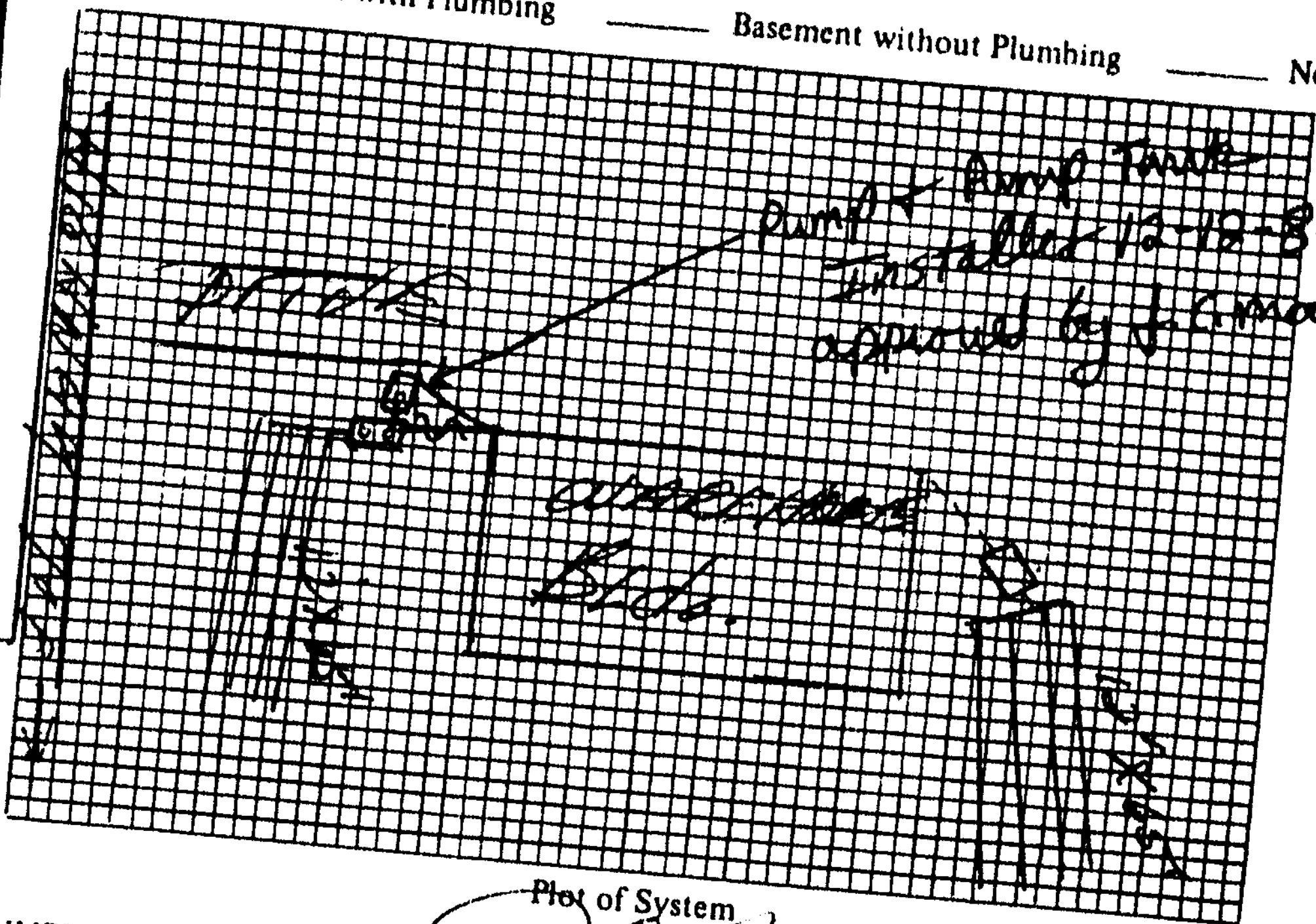
SUBDIVISION NAME ____ LOT NO. ____ S. R. No. ____ SECTION OR BLOCK NO. ____

House ( ) Mobile Home ( ) Business (✓) Other WAREHOUSE 10 Employees Max.

No. Bedrooms ____ No. Bathrooms 4

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	.25 gal sq ft appl
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2-6% Slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'
Lot Area			Rock or other impervious formations	None

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Front 1000 REAR 1000 Gals.

Nitrification Field: Front 4

No. of Lines REAR 4

Sq. Ft. 1560 Linear Ft. 520

Depth of Stone in Lines 12"

Water Supply: Individual ( ) Public (✓)

Installed by [signature]

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

Signed: ____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: (Plumbing was too low to get into tank
Pump was Installed 12-12-84 To Get effluent To
Drain field.)

CERTIFICATE OF COMPLETION BY [signature] DATE 11/9/84

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