55-26-A.44

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: Margaret Willhite DATE: 10-17-91 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION: lot 127 Colombine off East Broad S. R. No. ______

SUBDIVISION NAME: Dogwood Est. LOT NO. 44 SECTION OR BLOCK NO. ______

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

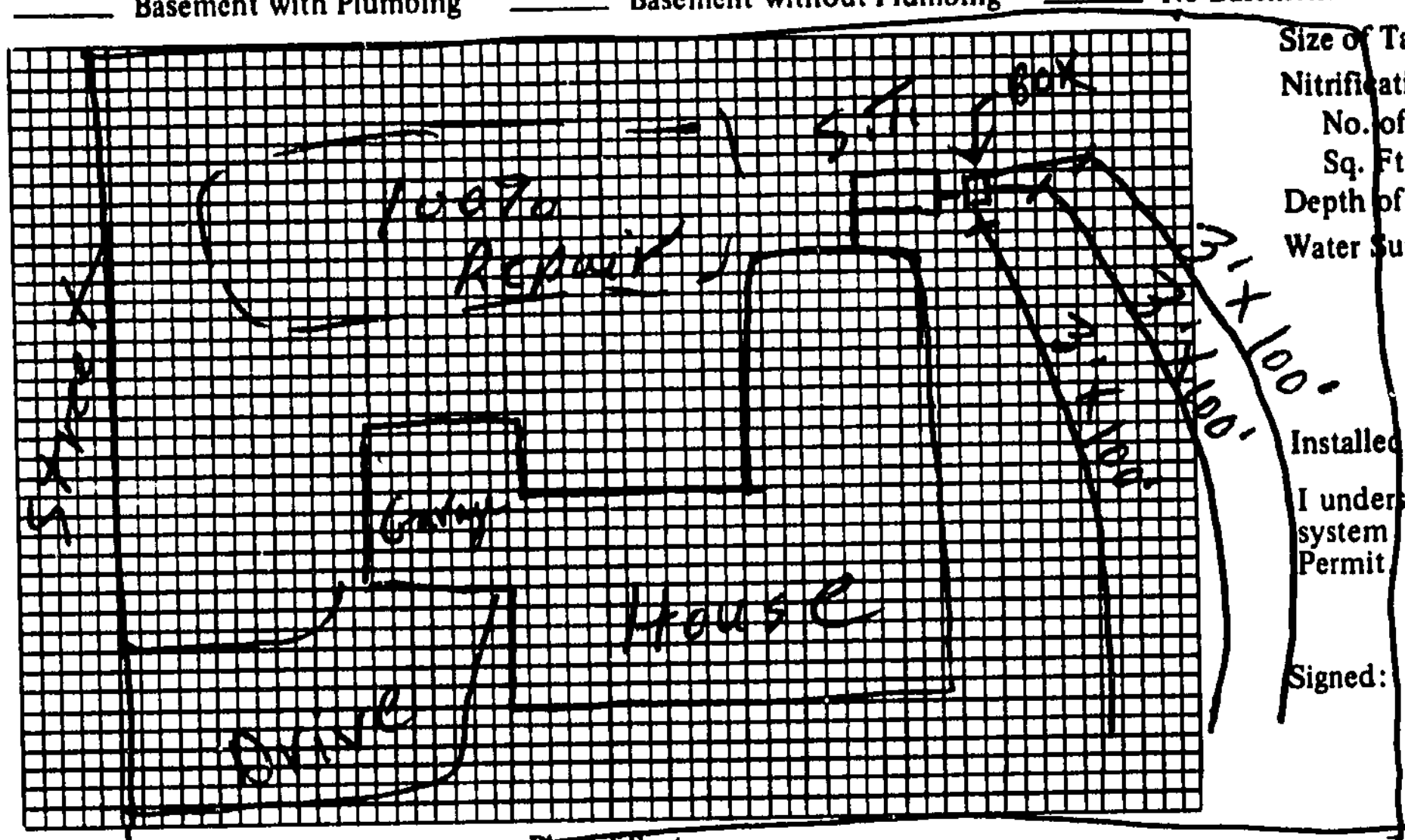
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil: Clayey
Percolation Rate: 14
Topography: 2 to 6%
Depth to Water Table: 10'+
Rock or other impervious formations: none

Lot Area: 150' X 190'

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Plot of System

Size of Tank: 1250 Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines: 12"
Water Supply: Individual ( )
Public (✓)

Installed by: David Younts

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: 10-17-91

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