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 Coy Wiles Jr. DATE 3-9-87 PERMIT NO.

PHONE: Business Home

LOCATION 801 N Thom Triplett Rd x creek ½ on your left

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

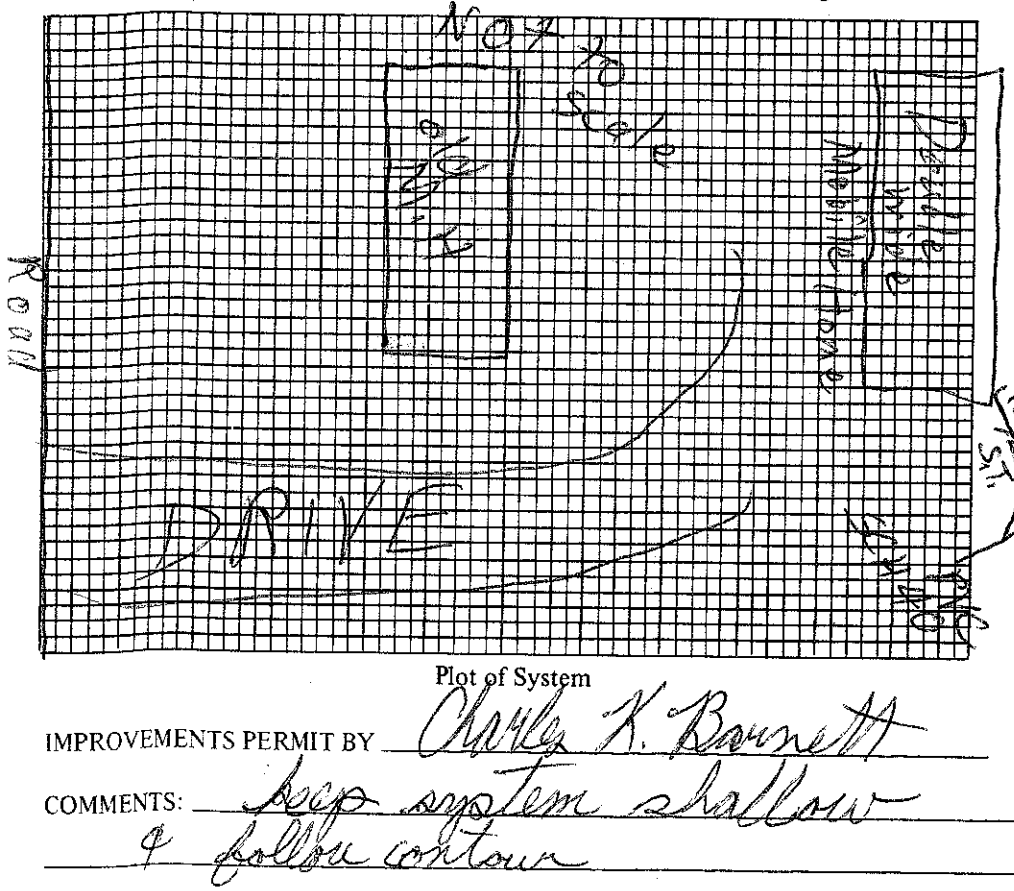
House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | clay | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | .4 gal / ft² / day | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2 - 8% | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 4' | |
| | | | Rock or other impervious formations | None obs | |

Lot Area

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by

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

Signed: * Coy Wiles Jr.

IMPROVEMENTS PERMIT BY Charles K. Barnett

COMMENTS: keep system shallow & follow contour

CERTIFICATE OF COMPLETION BY DATE

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