05113

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 Dan Winslow DATE 2-10-88 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 64E TR on New Salem Rd 1st Rd past church TL 2nd Hse on left S. R. No. ____

SUBDIVISION NAME Eastwood Acres LOT NO. 2 SECTION OR BLOCK NO. ____

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

No. Bedrooms 3 No. Bathrooms 2

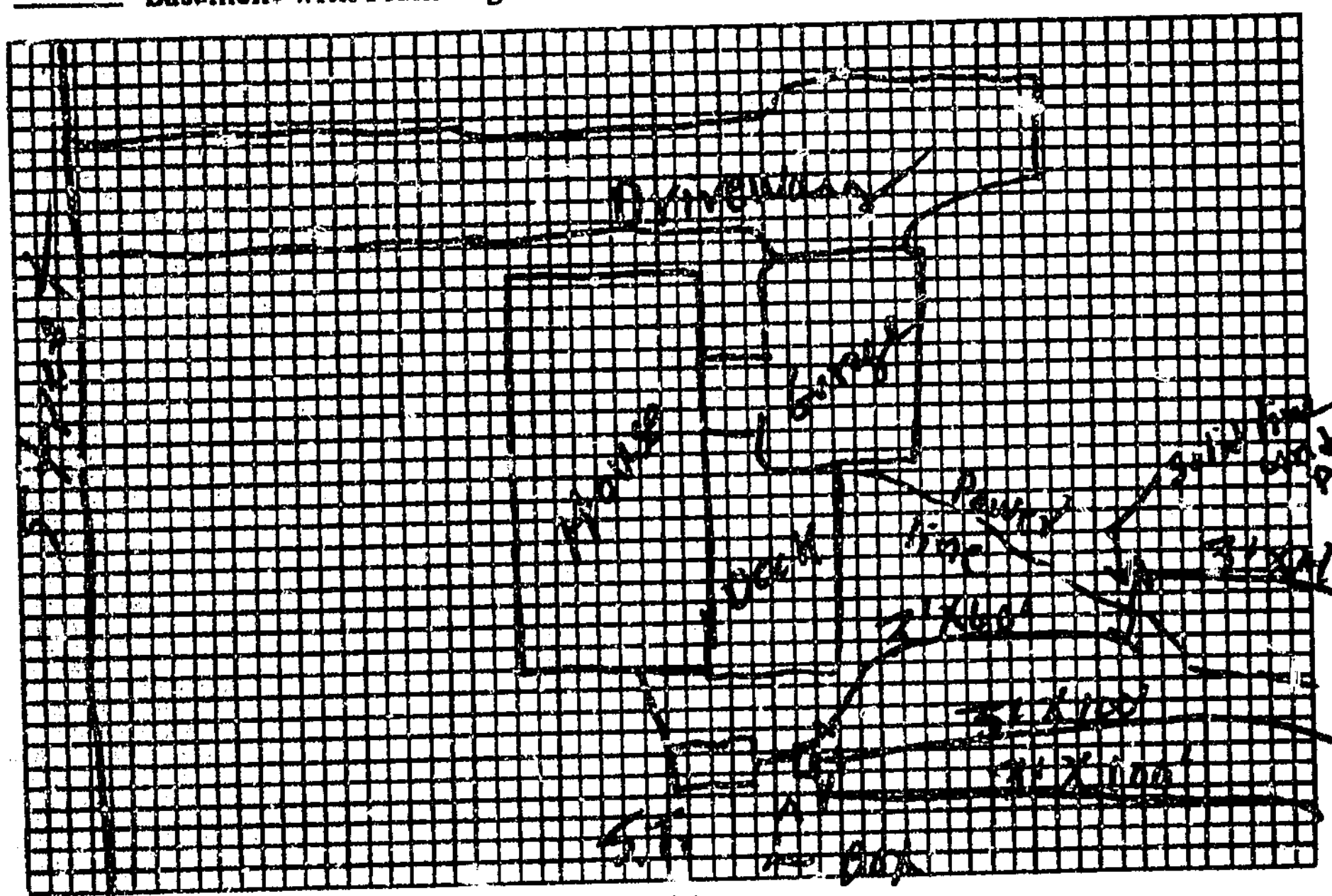
Garbage Disposal Unit	Yes ( )	No (✓)		
Auto. Dishwasher	Yes (✓)	No ( )		
Auto. Wash. Machine	Yes (✓)	No ( )		
Site Suitable	Yes (✓)	No ( )		

Character & Porosity of Soil Clayey
Percolation Rate 14
Topography 2to6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 120' X 220'

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

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 (✓)



Plot of System

Installed by Donald Lackey

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 2-10-88

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