

IREDELL COUNTY HEALTH DEPARTMENT

4646366062

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William Ducom DATE 6-5-81 PERMIT NO. 163

PHONE: Business _____ Home _____

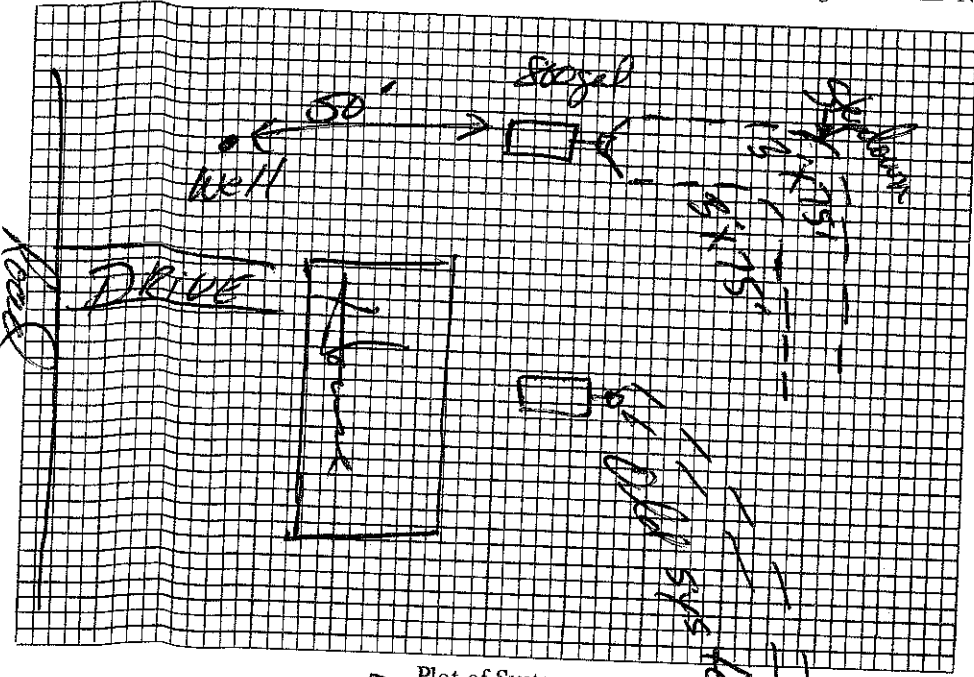
LOCATION 1109 TR 1190 TL 1209 Bear RT
1st house on left

SUBDIVISION NAME Woodland Estates LOT NO. 62 SECTION OR BLOCK NO. _____ S. R. No. _____

House () Mobile Home () Business () Other Addition of 4th bedroom and toilet and garage

No. Bedrooms 4 No. Bathrooms 2 1/2
Garbage Disposal Unit Yes () No ()
Auto. Dishwasher Yes () No ()
Auto. Wash. Machine Yes () No ()
Site Suitable Yes () No ()
Character & Porosity of Soil clay loam
Percolation Rate 90
Topography 2 to 10
Depth to Water Table unk.
Rock or other impervious formations none obs.

Lot Area 2 1/2 ac.
Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 800 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 10"
Water Supply: Individual ()
Public ()

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

Signed: _____

IMPROVEMENTS PERMIT BY [Signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [Signature] DATE 6-5-81
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.