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 _____ DATE _____ PERMIT NO. 31

PHONE: Business _____ Home _____

LOCATION _____

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms 2

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

Lot Area _____

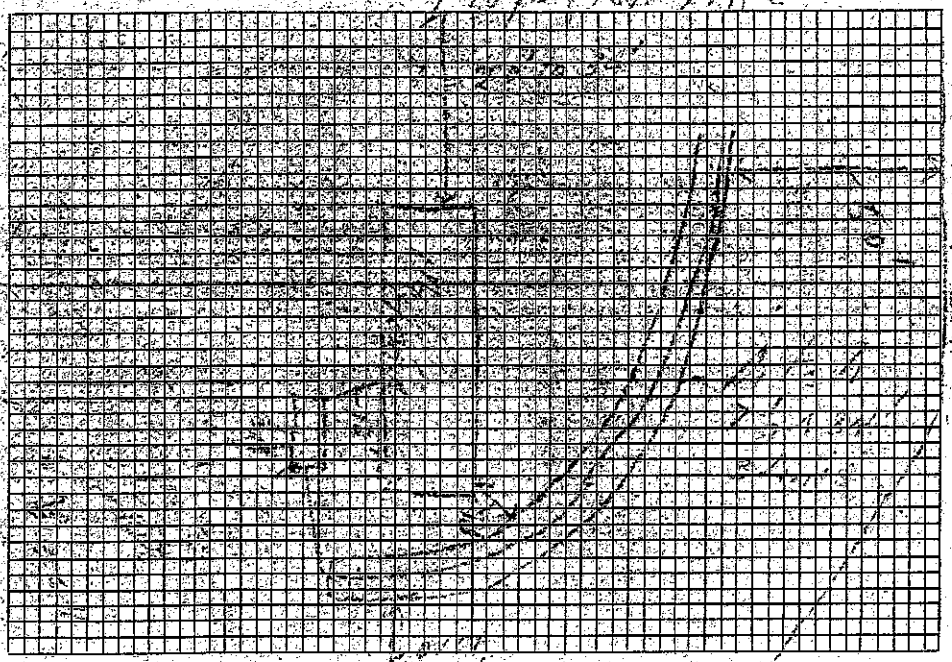
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

TREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

Ground Absorption Sewage Disposal System (15A N.C. Chapter 18A Article 13C)

OWNER OR CONTRACTOR [illegible] DATE 2-15-24 PERMIT NO. 84

PHONE: Business [illegible] Home

LOCATION [illegible]

S R No.

SUBDIVISION NAME [illegible] LOT NO. 82 SECTION OR BLOCK NO. [illegible]

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

No. Bedrooms 2 No. Bathrooms 2 Class of & Porosity of Soil [illegible]

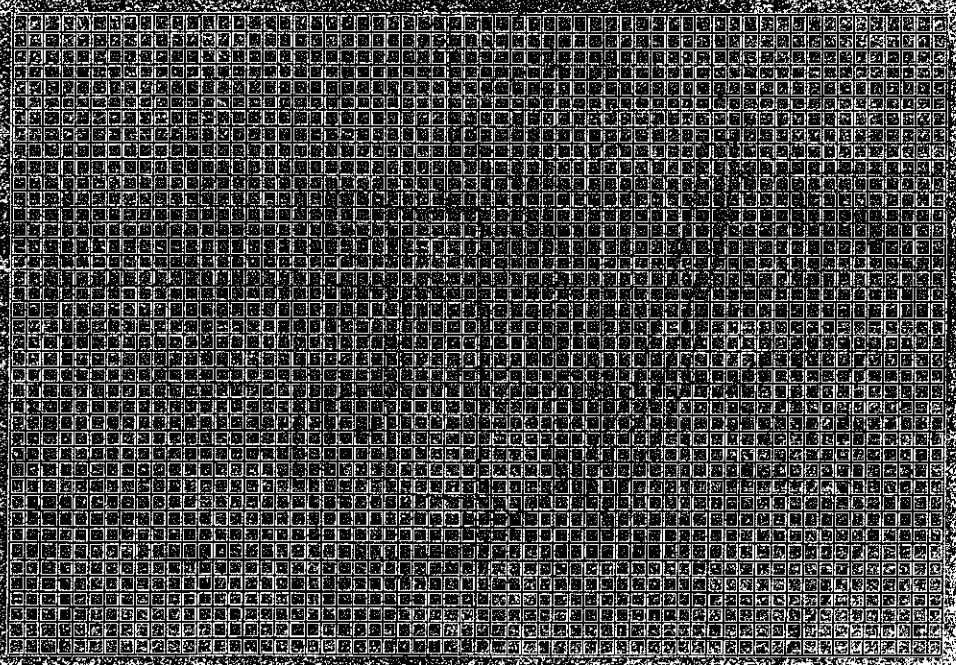
Garbage Disposal Unit: Yes ( ) No (✓) Percolation Rate [illegible]

Auto. Dishwasher: Yes ( ) No (✓) Topography [illegible]

Auto. Washing Machine: Yes ( ) No (✓) Depth to Water Table [illegible]

Site Suitable: Yes (✓) No ( ) Rock or other impervious formations [illegible]

Plot Area [illegible]



Size of Tank 1000 Gals.

Number of Bdrms 3

Size of Lines [illegible]

Depth of Stone in Lines [illegible]

Water Supply: Individual (✓)
Public ( )

Installed by [illegible]

Plot of System

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS [illegible]

CERTIFICATE OF COMPLETION BY DATE

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Health Dept. Copy White Inspection Dept. Copy Yellow Sanitarians Copy Pink Owners Copy Gold