4616972326

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 Sam Elliott DATE 10-20-81 PERMIT NO. 330

PHONE: Business _____ Home _____

LOCATION 1100 TR 1115 TR 2nd 1453 60
Straight in curve point Lot

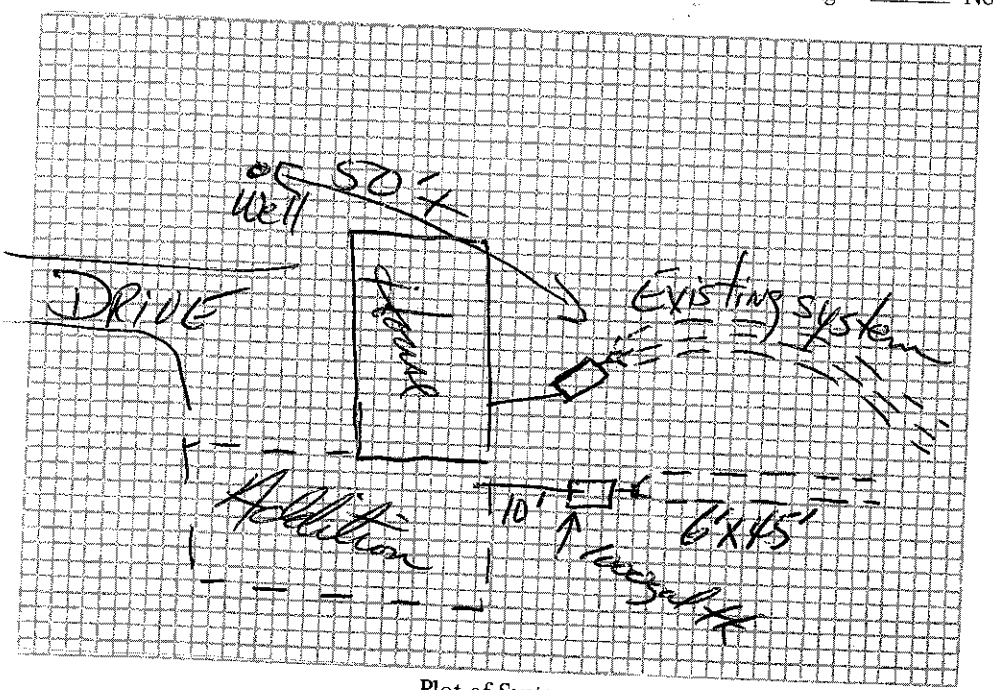
SUBDIVISION NAME L.N. LOT NO. 220 SECTION OR BLOCK NO. 8 S. R. No. _____

House (✓) Mobile Home ( ) Business ( ) Other _____
w/addition

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~80	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	3½'+	
Lot Area ~3/4 AC.			Rock or other impervious formations	none obs.	

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft 270 Linear Ft. 90
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David Hinson
EXISTING SYSTEM CHECKED BY: _____ DATE 10-20-81
_____ 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