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 Arthur L. Ford DATE 5-22-95 PERMIT NO. 126

PHONE: Business _____ Home 919-528-9304

LOCATION 100 FT on NC 115 - FT ... NC 115

_____ S. R. No. _____

SUBDIVISION NAME L D LOT NO. 2nd SECTION OR BLOCK NO. 2

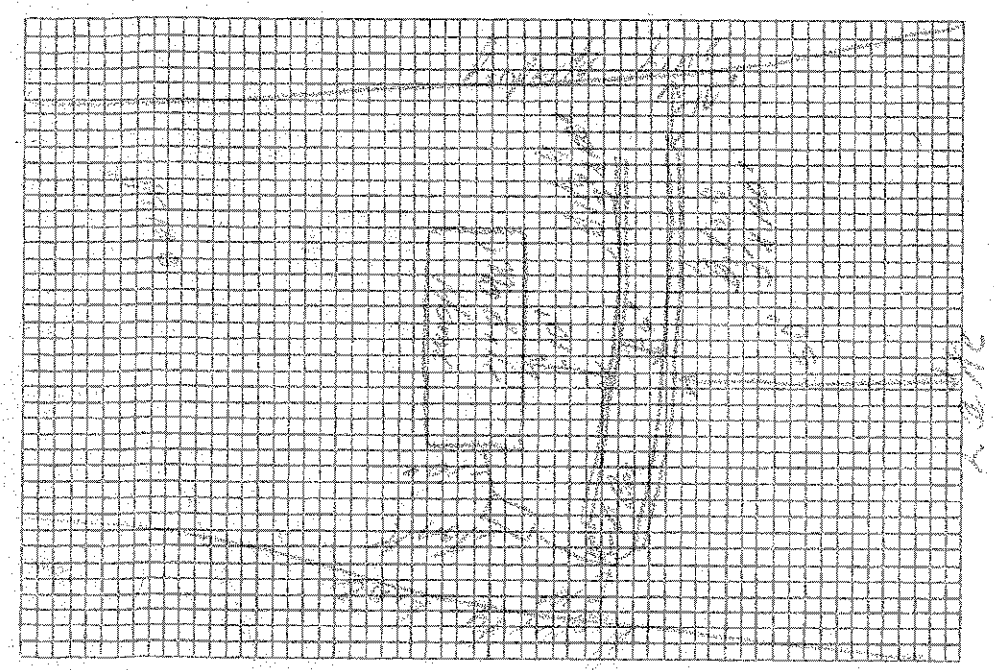
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 Acre

Character & Porosity of Soil Clay loam
Percolation Rate 4 Gal/ft
Topography 2 to 5%
Depth to Water Table 4' to 5'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 200
Depth of Stone in Lines 12 in
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY [signature]

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