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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 Franklin Smith DATE 7-13-81 PERMIT NO. 216

PHONE: Business _____ Home _____

LOCATION 1100 TR 1177 TR 1458 1st lot on left

S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 163 SECTION OR BLOCK NO. 7

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 clay loam

Percolation Rate ~80

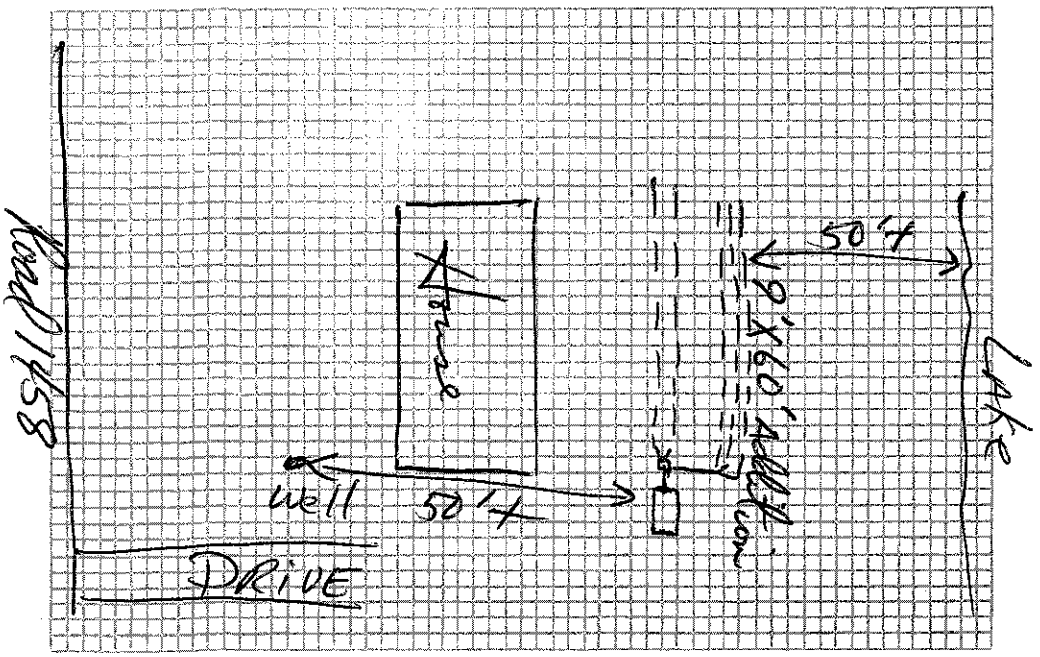
Topography 2-4%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

Lot Area ~ 3/4 Ac.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 540 Linear Ft. 180

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by Richard Abernathy

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 David R. Hinson DATE 7-13-81

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.

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