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 Sara Whitney DATE 10-22-86 PERMIT NO. 445

PHONE: Business _____ Home _____

LOCATION 1100 TR 1222 Bear ~~left~~ at forks ¼ mile on left

S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 1657 SECTION OR BLOCK NO. 8

Future Temporary

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

No. Bedrooms 3 No. Bathrooms 2½

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

Character & Porosity of Soil sandy clay

Percolation Rate 5 approx

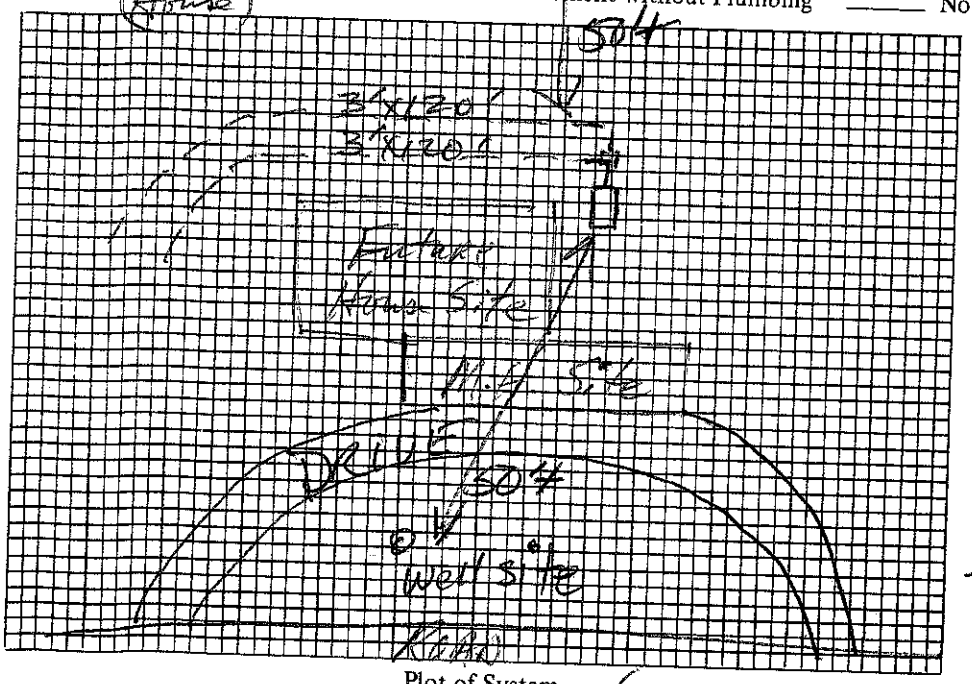
Topography 8-10%

Depth to Water Table 4ft

Rock or other impervious formations none obs.

Lot Area 20000 ft²+

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by _____

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

✗ Signed: Sara L. Whitney

IMPROVEMENTS PERMIT BY Mark K. Jamison, R.S.

COMMENTS: Keep drainfield shallow (12" cover)

CERTIFICATE OF COMPLETION BY _____ DATE _____

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