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 Fred Jones DATE May 13, '91 PERMIT NO. ____

PHONE: Business 1-800-472-7243 Home 664-1347

LOCATION 1100 TR1178 (Blume Rd.) TR 1443 (Beaten Path) TR 1444 3rd lot on Right

S. R. No. ____

SUBDIVISION NAME Crescent Res. LOT NO. 71 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2-3

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

Lot Area Existing

Character & Porosity of Soil ____

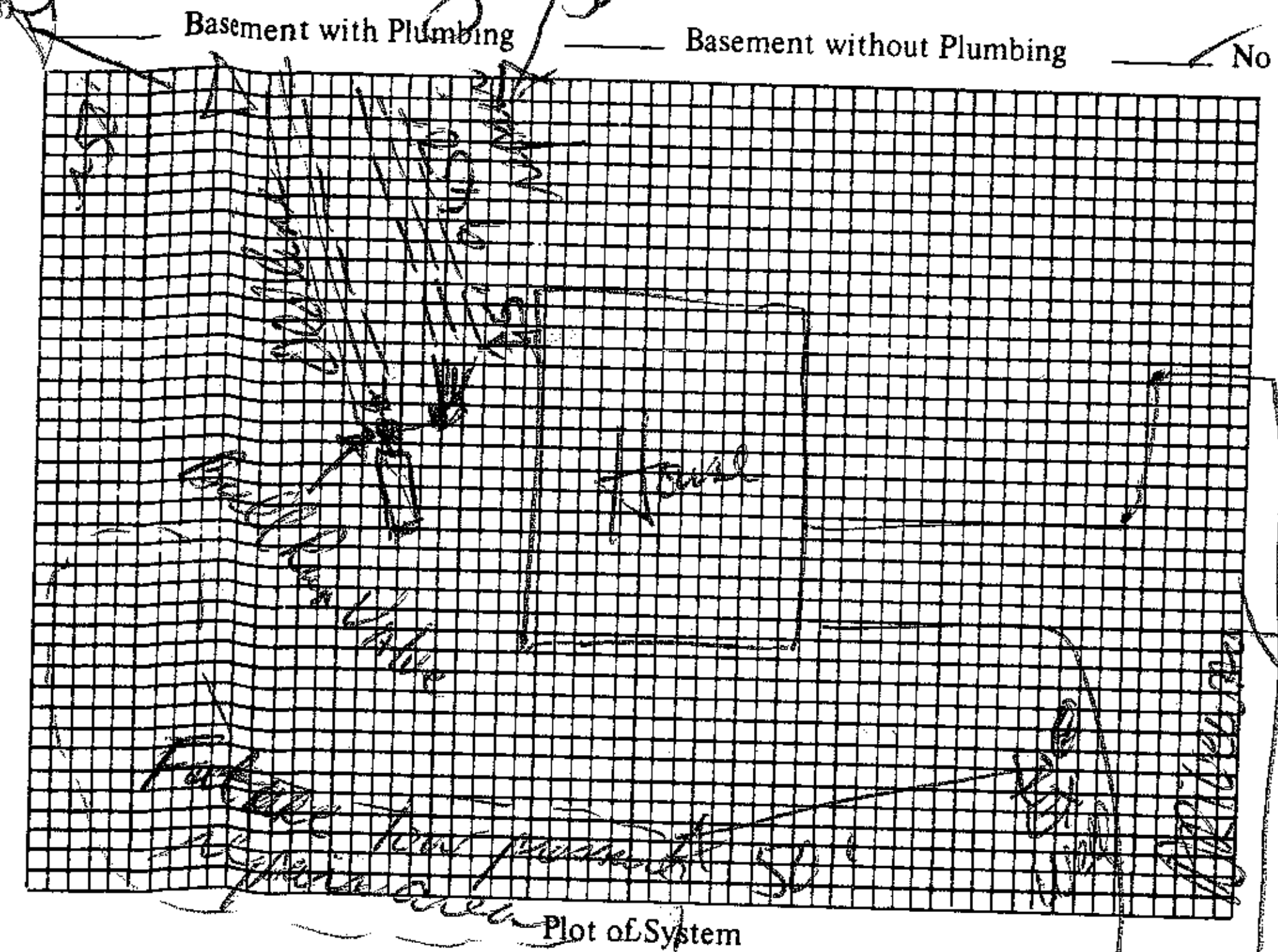
Percolation Rate ____

Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 9'x50 Bed (3 lines)

Sq. Ft. 450 Linear Ft. 150

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 X Fred Jones

IMPROVEMENTS PERMIT BY DC Amso, RS

SR 1444

COMMENTS: Drainfields should be graveled not crushed. Install drainfield with 12" cover at shallowest point, but no deeper than necessary.

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