IREDELL COUNTY HEALTH DEPARTMENT

4635-44-5066

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Dewane Lewis DATE 12-7- PERMIT NO. 1

PHONE: Business _____ Home _____

LOCATION 400 Ft on 1113 at end.

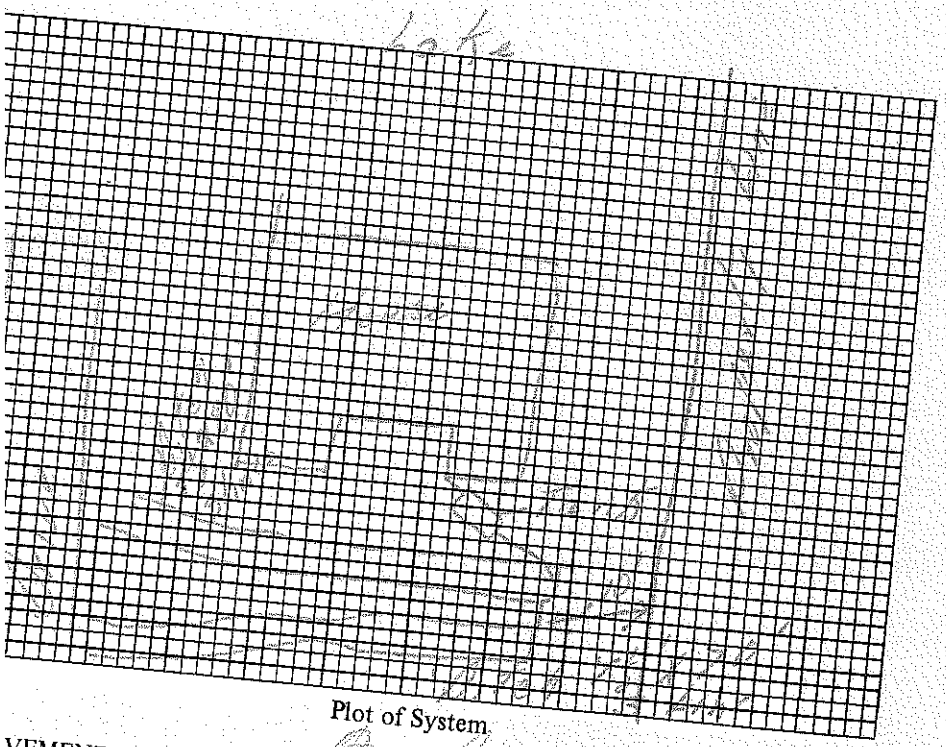
SUBDIVISION NAME Tbd at time LOT NO. 10 SECTION OR BLOCK NO. 2 S. R. No. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil Clay Loam. Porosity fair
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate 35 min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography Level to slight slopes
Site Suitable	Yes (✓)	No ( )	Depth to Water Table 7' on Eval Sol
Lot Area 5 acre			Rock or other impervious formations None

Lake



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 425 Linear Ft. 1250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by E. L. Elam

VEMENTS PERMIT BY J. C. Moore

ENTS: _____

CATE OF COMPLETION BY Jackie Thomason DATE 1-2-18

NSTRUCTION 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