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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 Luther Smithey DATE 5-24-22 PERMIT NO. 92

PHONE: Business _____ Home _____

LOCATION 115 Tee Dr 1102

_____ S. R. No. _____

SUBDIVISION NAME Sp. Log Lan LOT NO. 19 SECTION OR BLOCK NO. _____

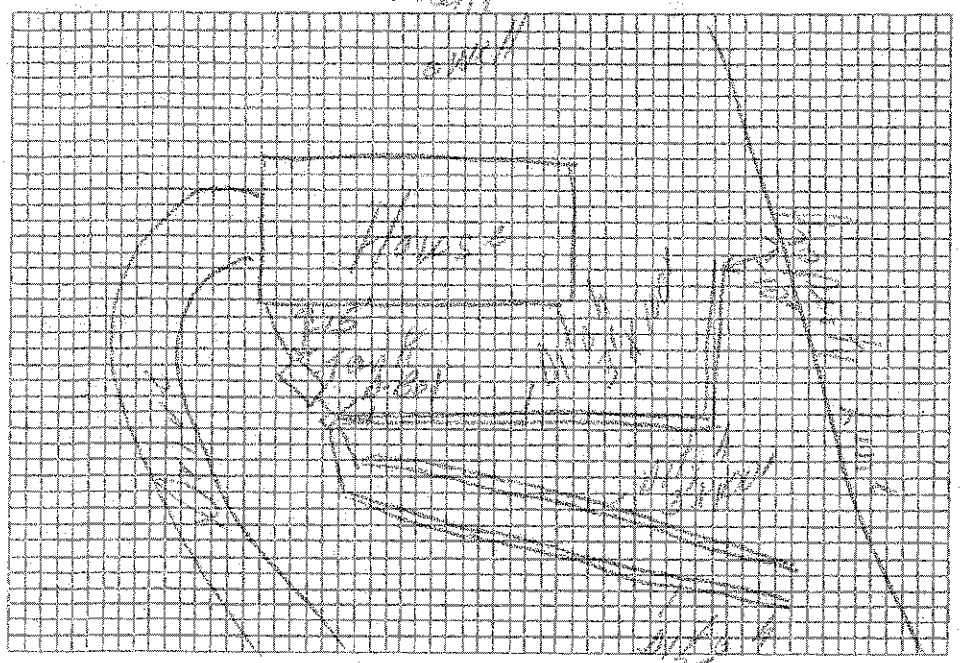
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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 6 Min/Inch
Topography Rolling Slope
Depth to Water Table 12 Inches
Rock or other impervious formations None

Lot Area 3 Acre




Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 200 Linear Ft. 200
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Lee Loftin

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Lee Loftin DATE 5-24-22

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