4635-57-8629

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 Jarod Smith DATE 2-20-24 PERMIT NO. 200

PHONE: Business _____ Home 521-4552

LOCATION 400 Ln on 412 at end @ TP 4 mi
on Left

S. R. No. _____

SUBDIVISION NAME Imperial Lane LOT NO. 29 SECTION OR BLOCK NO. _____

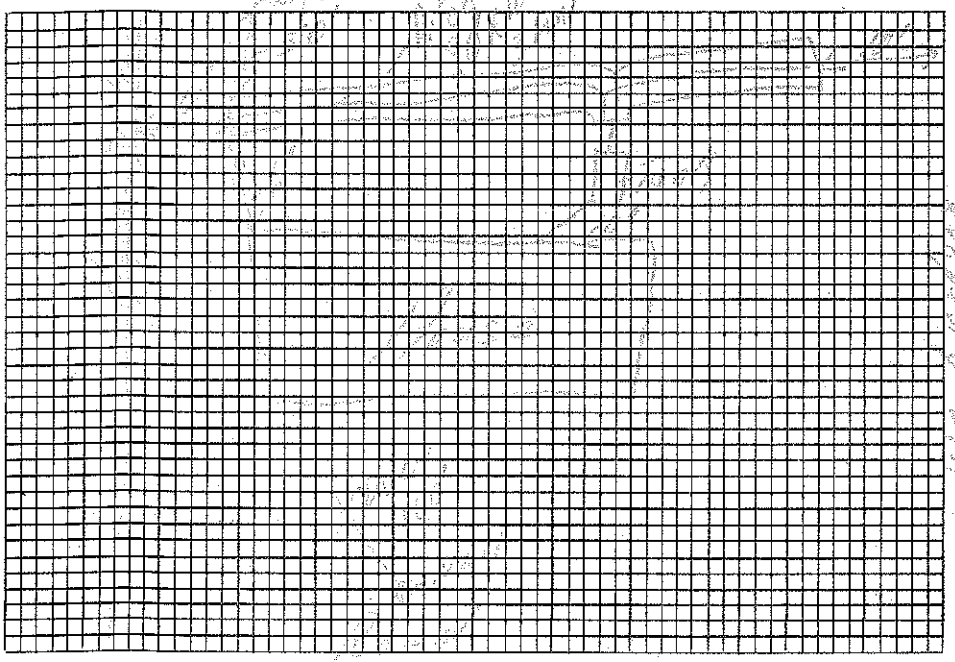
House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Clay Loam Loam/Silt
Percolation Rate 30 mpi
Topography Flat Slope
Depth to Water Table 2 ft 10 Inch to Wet
Rock or other impervious formations None

Lot Area 1.2 ac +/-



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 200
Depth of Stone in Lines 12 in
Water Supply: Individual (X)
Public ( )

Installed by Evans

IMPROVEMENTS PERMIT BY J C Shaw

COMMENTS: Use E Initial Spare Lay Out Adjacent
Trees to Right @ End of Str.
Install Pump to Tank @ End of Str.
Pump Must Test with Min 50 Gpm Out.

CERTIFICATE OF COMPLETION BY Jarod Smith DATE 2-20-24

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