4635-69-5673

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 Sam Mc Hunt Inc DATE 9-6-22 PERMIT NO. 11

PHONE: Business _____ Home _____

LOCATION 1100 Tyler Run

S. R. No. _____

SUBDIVISION NAME Cambridge Glen LOT NO. 41 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area .46 acre

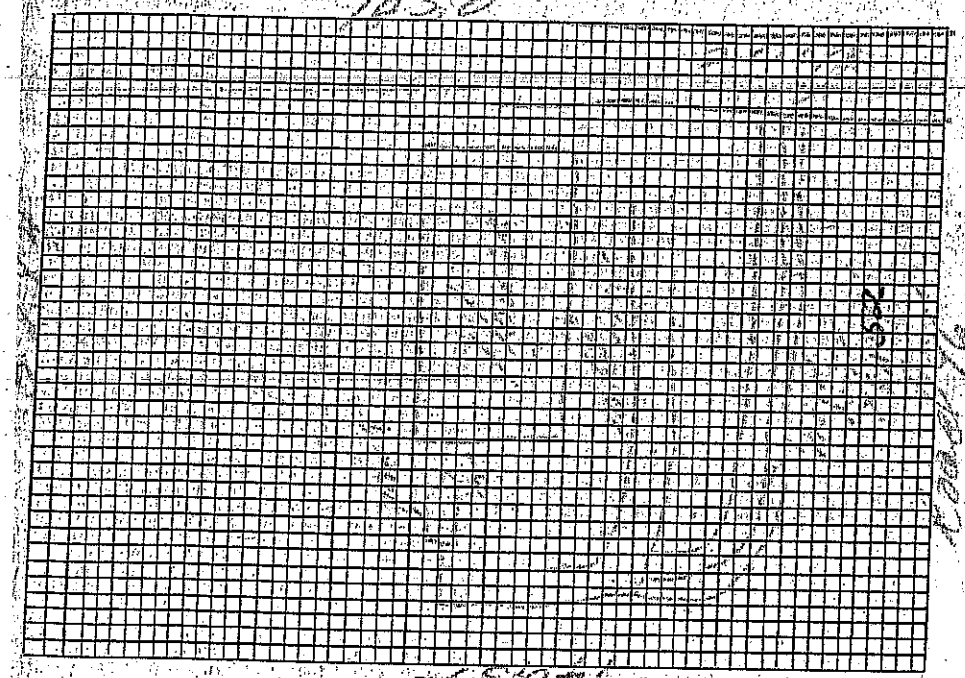
Character & Porosity of Soil Existing System

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 225 Linear Ft. 450

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Ft Sam

IMPROVEMENTS PERMIT BY _____

COMMENTS: System was in use System to be left as is. Bottom of tank

CERTIFICATE OF COMPLETION BY _____ DATE 9-22-22

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