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 Robert W. Smith DATE Jan. 17, '90 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 TL 1112 (Stotts Rd.) TL 2nd 1212 (Commodore Coop) on left across from Surfside Dr. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

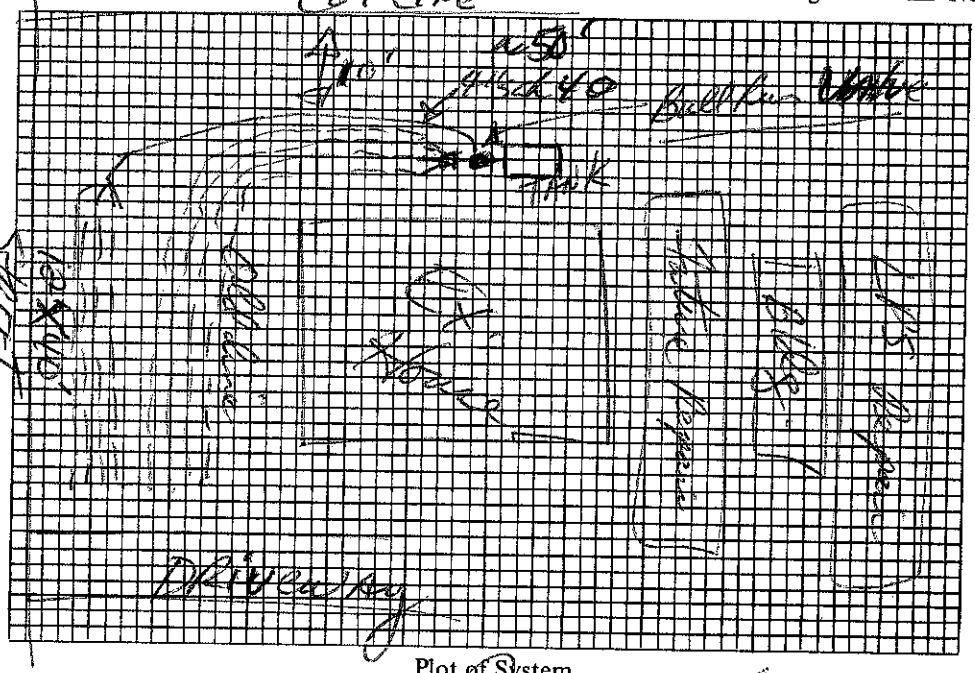
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

___ Basement with Plumbing Top Line ___ Basement without Plumbing ___ No Basement



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 12 x 40' Bed
Sq. Ft. 480 Linear Ft. 160
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public (✓ CW

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

Divert surface water around system.

IMPROVEMENTS PERMIT BY Linda R. Hanson, RS

COMMENTS: 4' maximum trench bottom depth. Reduce water load if possible. Recommend splitting dishwasher & pulling in washer system behind house. If water line is encumbered, it will need to be rerouted or "sleeved" and maintained 12" above nitrification field.

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