IREDELL COUNTY HEALTH DEPARTMENT

4636409796

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

OWNER OR CONTRACTOR Ted Isom DATE 2-26-81 PERMIT NO. 53

PHONE: Business _____ Home _____

LOCATION 1100 TC 1112 TR 1265 .2 mi on Rt.

SUBDIVISION NAME Sunside Estates S. R. No. _____

LOT NO. 257 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 15,000 ft² +

Character & Porosity of Soil Clay loam

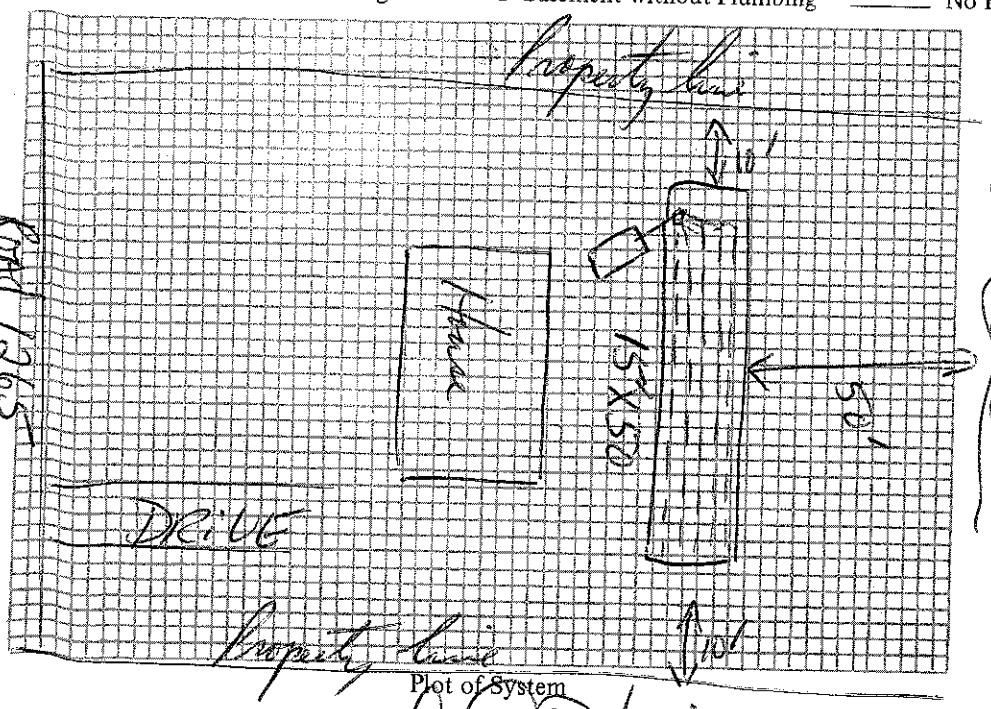
Percolation Rate 5#-120 /

Topography 10-15%

Depth to Water Table 4+

Rock or other impervious formations none obs.

(✓) Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Community Well

Installed by J R Bowles

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

Signed: _____

IMPROVEMENTS PERMIT BY David R. Hamm

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hamm DATE 2-26-81

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