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 Robbie Davis DATE Aug. 21, '91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 500-1000' on right past Ballard Head Entrance (behind "house sink") S. R. No. _____

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

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

No. Bedrooms ~3 No. Bathrooms ~3

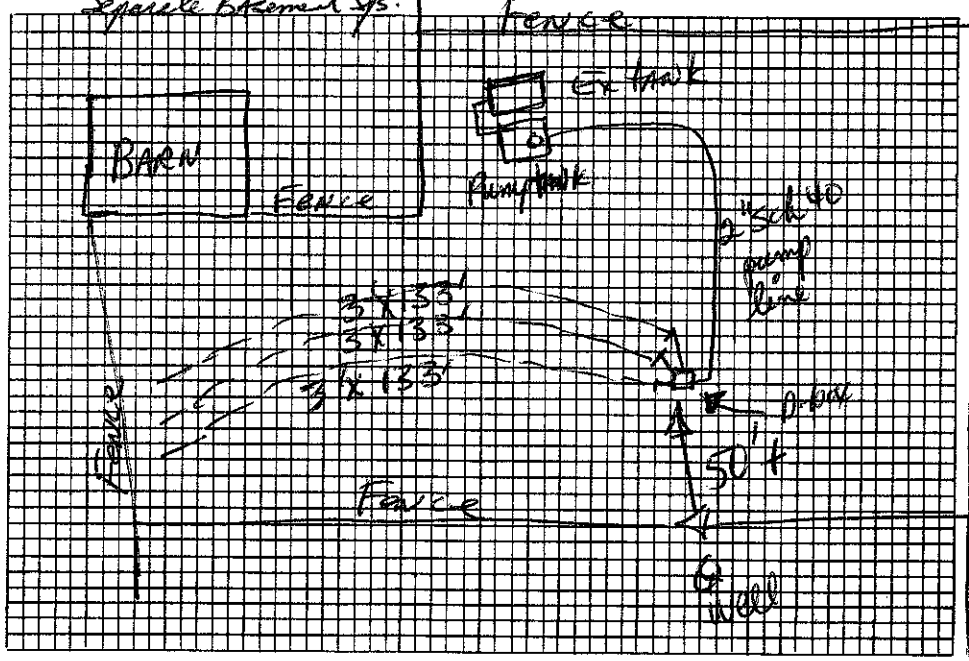
Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil firm/s clay/trans.
Percolation Rate 1.3 at 18-24"
Topography Hilly ~4-6%
Depth to Water Table 48"+
Rock or other impervious formations none obs

Lot Area Ex. acreage

✓ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Separate basement sys.



Plot of System

1000 gal pump tank
Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines 12"
Water Supply: Individual (✓ Ex.
Public ( )

Installed by _____

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

Signed ✓ Nelson Hathcock

IMPROVEMENTS PERMIT BY David R. Hunsucker, RS

COMMENTS: Disconnect old drainfield. SR 1100
Follow contour w/ new drainfield. Trench bottom depth range (18" minimum to 24" maximum).

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