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 Terry Fulp DATE 11-1-05 PERMIT NO. _____

PHONE: Business 872-0201 Home 873-2191

LOCATION Go West TL on 1109 Then TR on 1100 2nd TL on first cut on L on right S. R. No. 1100

SUBDIVISION NAME Neal Acres LOT NO. 9 SECTION OR BLOCK NO. _____

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

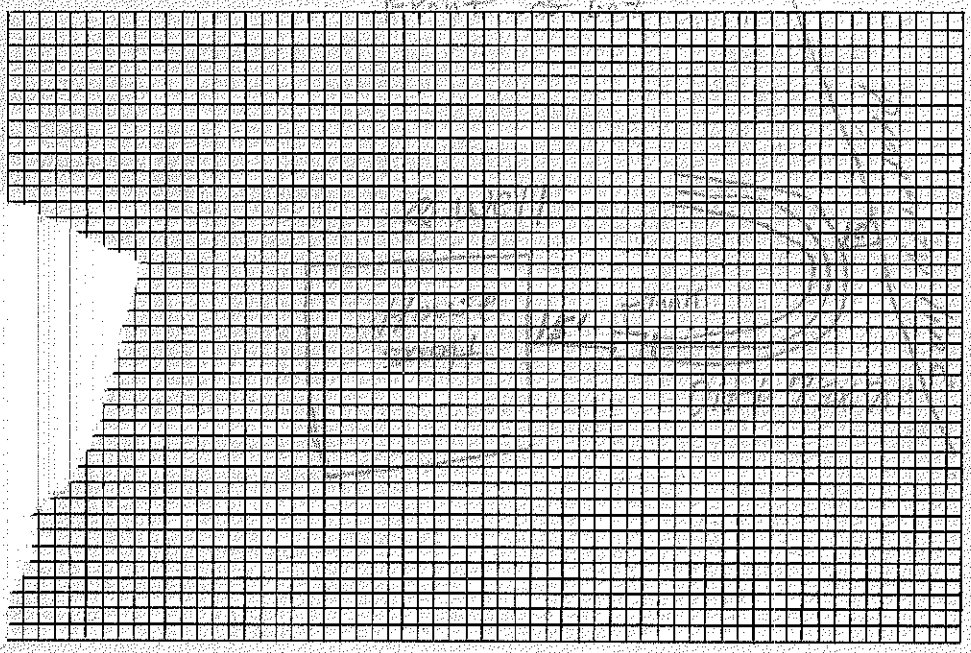
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	Mod to slow
Auto. Dishwasher	Yes ( )	No (✓)	Topography	Moderate Hill Some Slopes
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	apparent 15'
Site Suitable	Yes (✓)	No ( )	Rock or other impervious formations	None

Character & Porosity of Soil Appling coarse sandy loam to clay

must be altered to get system approved see comments.

Lot Area 1 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 435
Depth of Stone in Lines 10

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: area where lines are to be installed must be graded use apparent 35' area must be cleared of trees

CERTIFICATE OF COMPLETION BY _____ DATE _____

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