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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 To Be Determined DATE 10-3-24 PERMIT NO. 326

PHONE: Business _____ Home _____

LOCATION Mon Tue Hwy 903 Lot 7

_____ S. R. No. _____

SUBDIVISION NAME Aspen Woods LOT NO. 25 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 22,000 sq ft

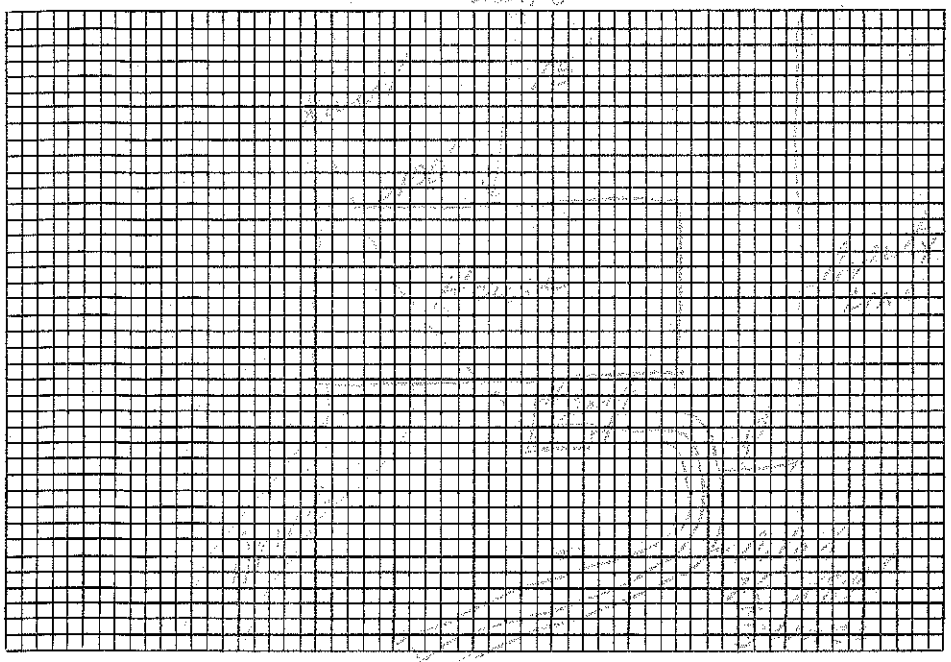
Character & Porosity of Soil Sandy clay loam Loam Sand

Percolation Rate 2 Min/Inch

Topography Gently Sloping

Depth to Water Table 24" Plus

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 225 Linear Ft. 250
Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by ST Pool

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Justin Smith DATE 12-3-24

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