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 Dr. Landis DATE Jan. 15, 80 PERMIT NO. 9

PHONE: Business _____ Home _____

LOCATION 1100 ft on 1178 ft on 1443 ~ 1 mi. on Rt. _____ S. R. No. _____

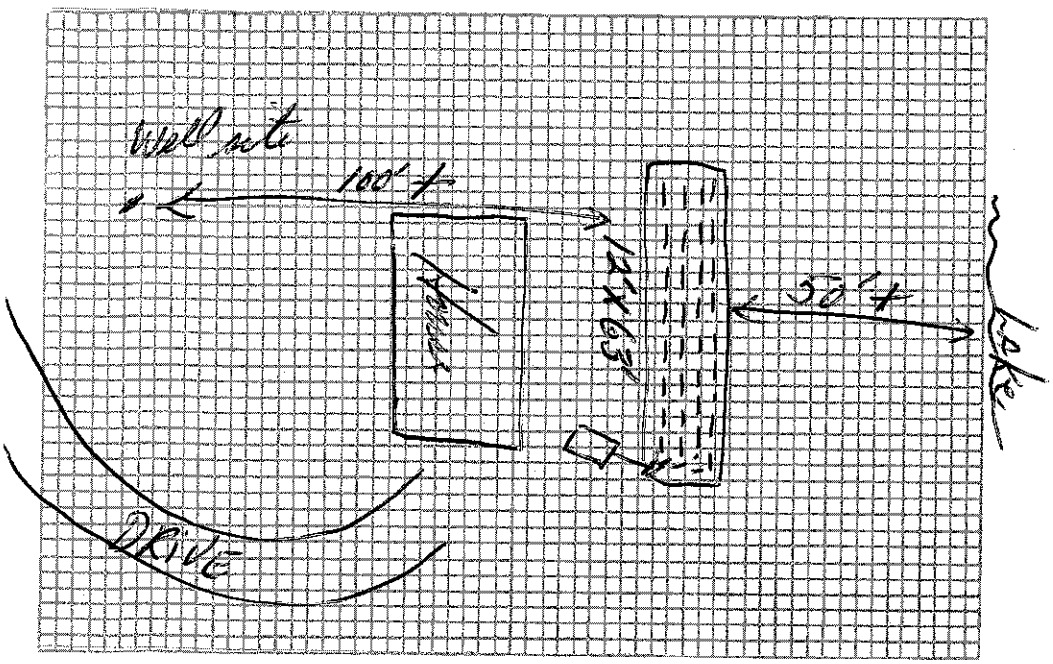
SUBDIVISION NAME Jake Norman LOT NO. 108 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Loamy Coil pavement material
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	80 min.
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10-15%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	sunk.
			Rock or other impervious formations	none obs.

Lot Area ~3/4 Ac.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Johnson

COMMENTS: _____

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