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 Duncan McDuffie DATE 11-30-82 PERMIT NO. 229

PHONE: Business _____ Home _____

LOCATION 1100 TR 1178 TR 1443 TR 1239 2nd home on left S. R. No. _____

SUBDIVISION NAME L. N. LOT NO. 132 SECTION OR BLOCK NO. 9

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

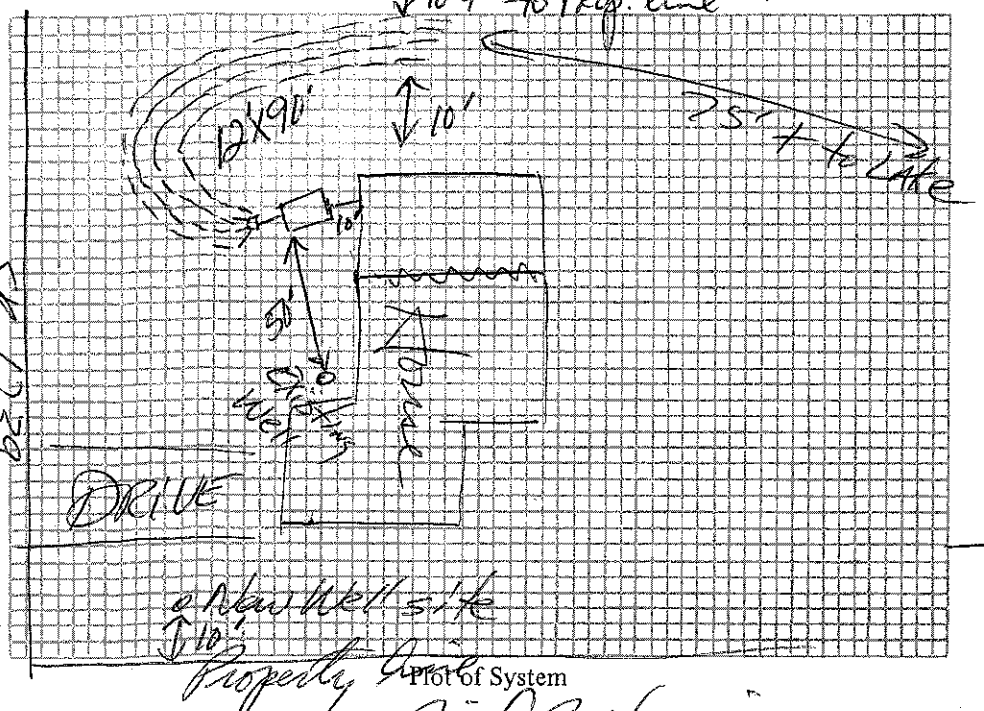
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clay loam
Percolation Rate 45 mpi
Topography 4-6%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area ± 3/4 ac.

_____ Basement with Plumbing ↓10'+ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1080 Linear Ft. 360
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed _____

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Stub out plumbing at ground level in order to keep drainfield as shallow as possible.

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