P.D. 07363

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 MARK TODD DATE 9/9/87 PERMIT NO. _____

PHONE: Business 1-800-821-0856 Home 375-8646

LOCATION 1100 TR 1178(Blume) TL 1443(BEATEN PATH) TR 1239 (Culpeze) 1/4 mi. on Left. 3rd houses S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 134 SECTION OR BLOCK NO. 9

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clayey

Percolation Rate ~.4 gpd/ft²

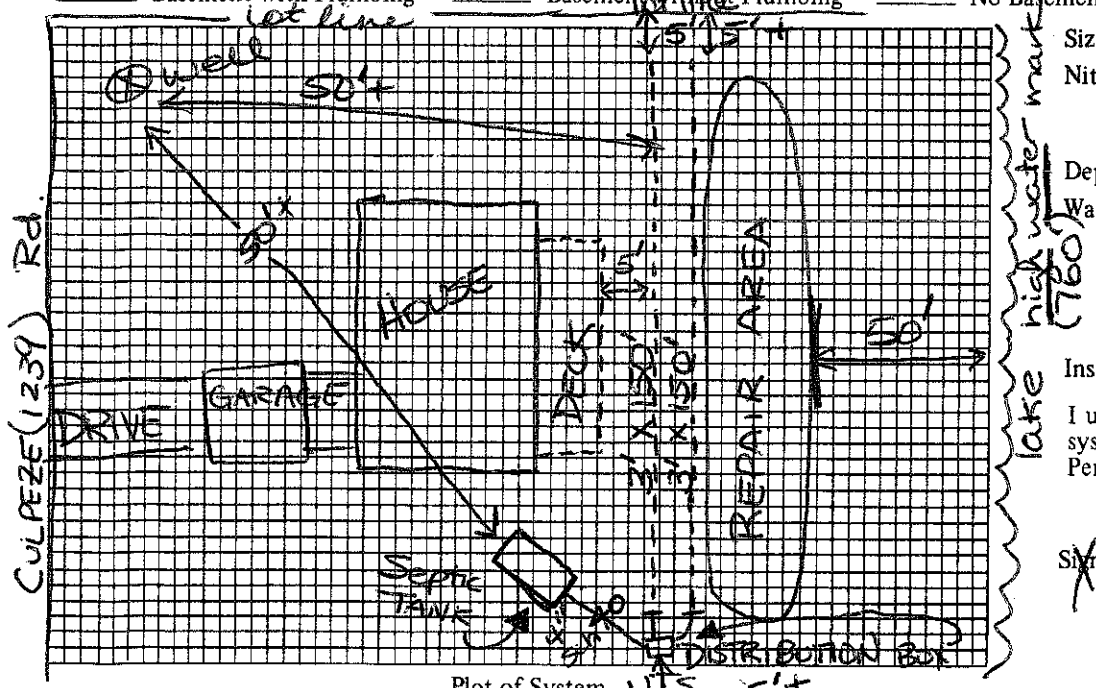
Topography 2-8%

Depth to Water Table 4'+

Rock or other impervious formations none observed

Lot Area .73 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

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: Mark Todd

IMPROVEMENTS PERMIT BY Andrew C. Price

COMMENTS: Run lines ON CONTOUR. KEEP system SHALLOW. (24-30" trench depth) Keep lines near house (uphill) so as to MAXIMIZE future Repair area.

Call for Spec if you have questions.

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