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 Laura Parker DATE 11/24/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 150 W. TL Doolie Rd. TR Whippoorwill Lt lot on left S. R. No. _____

SUBDIVISION NAME L and T LOT NO. 1167 SECTION OR BLOCK NO. _____

Future Temp

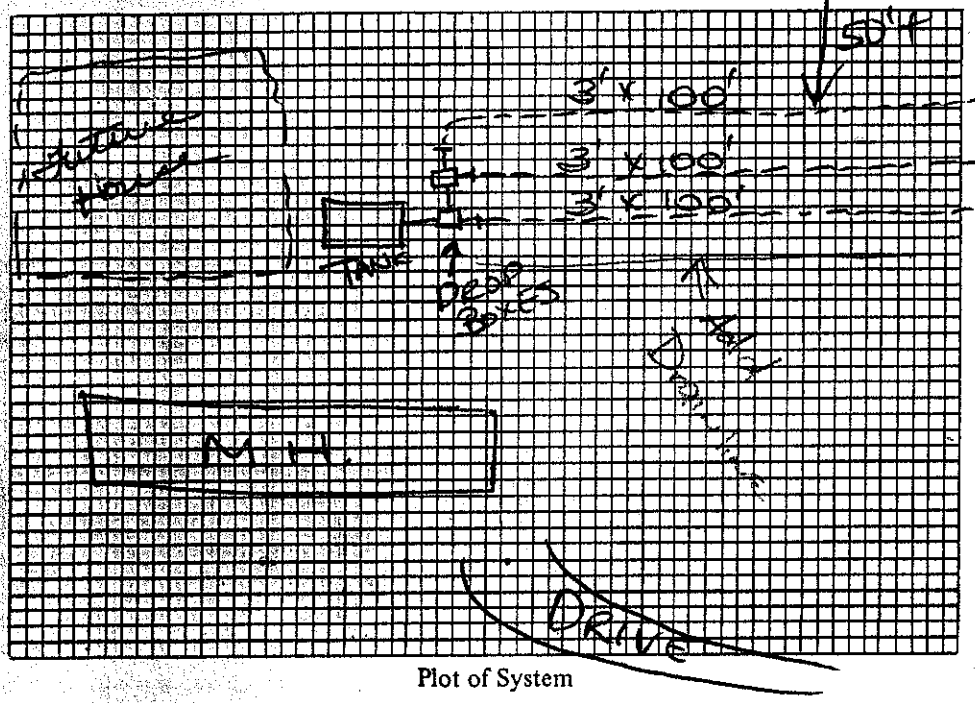
House (✓) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	~4 gpd/ft²
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	10 - 25%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4'+
			Rock or other impervious formations	none observed

Lot Area ~2 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Gilleard

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH, RS

COMMENTS: See file for comment (KKS)

CERTIFICATE OF COMPLETION BY _____ DATE 11/24/87

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