9:30

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 Jerry Dennis DATE 6-13-84 PERMIT NO. 156

PHONE: Business _____ Home _____

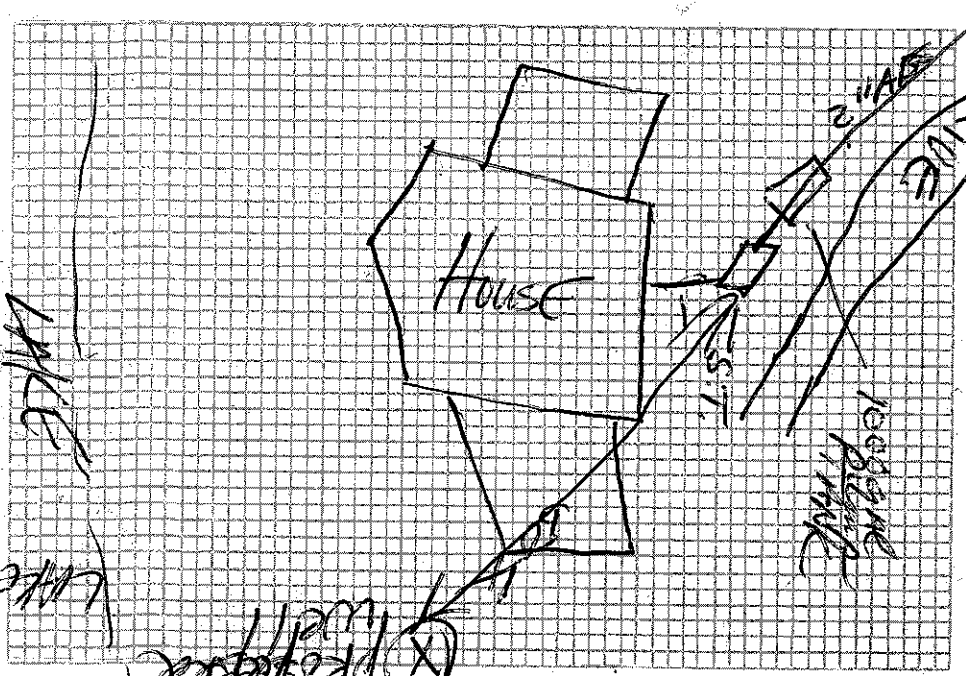
LOCATION 215 X I77 TL 1206 ½ mile TR PERRIN DRIVE ¼ mile on R S. R. No. _____

SUBDIVISION NAME WATERS EDGE LOT NO. 23 SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2	Character & Porosity of Soil	
Garbage Disposal Unit	Yes ( )	No	X	Percolation Rate	
Auto. Dishwasher	Yes X	No	( )	Topography	
Auto. Wash. Machine	Yes X	No	( )	Depth to Water Table	
Site Suitable	Yes X	No	( )	Rock or other impervious formations	

Lot Area 1.4 ACRE



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 1080 Linear Ft. 360'

Depth of Stone in Lines 12"

Water Supply: Individual (X)
Public ( )

Installed by _____

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

Signed: X Bob Honeycutt

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: Keep System shallow No deeper than 1.0 cover

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