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 Richard Roberts DATE 4-21-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1109 TR 1206 (Alcove) TR into Water's Edge on left in curve (beside Perry Water Tower) S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	clay (shallow)
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2-3-4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4-6%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	2'+
Lot Area 20000 ft²+			Rock or other impervious formations	clay content increasing 24"+

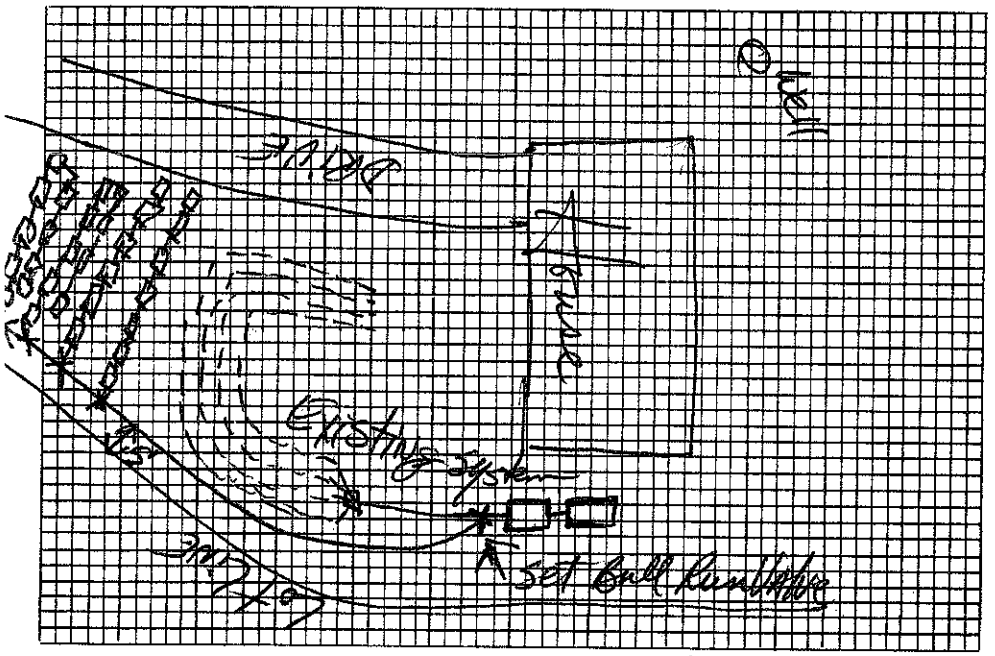
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Existing pump tank

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines ~4-5
Sq. Ft. _____ Linear Ft. ~150'ea
Depth of Stone in Lines 16" to 7

Water Supply: Individual (✓) panels
Public ( ) pressure load



Plot of System

Installed by _____

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

X Signed: Richard E Roberts

IMPROVEMENTS PERMIT BY Jerald R. Hunsucker, R.S.

COMMENTS: Panel System must be installed shallow, Absolutely No deeper than 24" to bottom of ditch. Contact Health Dept. before installing repair in order to verify installation specifications.

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