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 Sherrill Farr Construction DATE 7-15-87 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 1100 TL 1179 (Canvasback) TL 1st Wood Duck Loop ~ 1/4 mile on Rt. S. R. No. ____

SUBDIVISION NAME Lakeside Farms LOT NO. 17 SECTION OR BLOCK NO. ____

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 in back Yes (✓) No ( )

Lot Area 90' X 180'

Character & Porosity of Soil clay

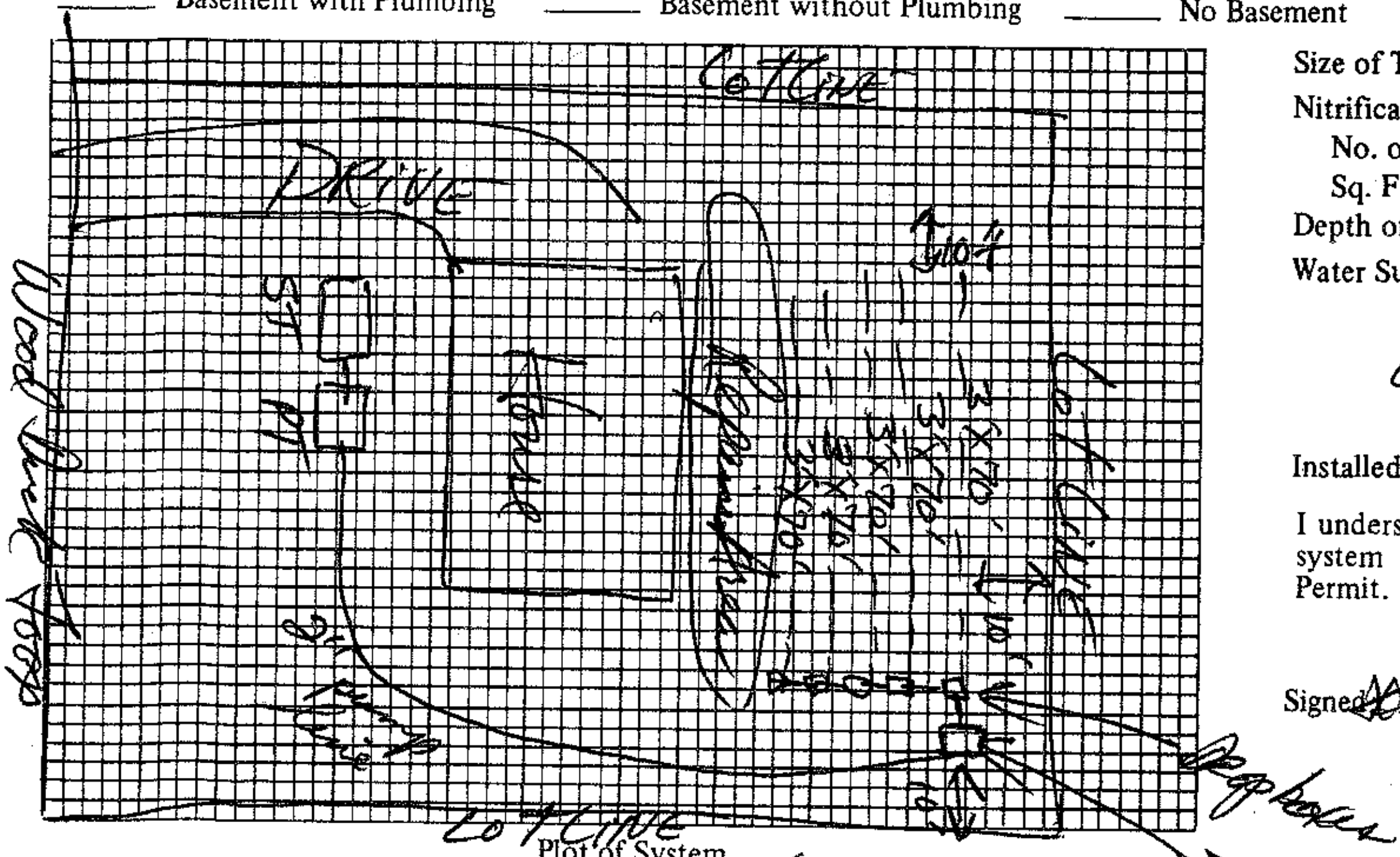
Percolation Rate .35

Topography 4-10%

Depth to Water Table 4'+

Rock or other impervious formations none obs.

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

1000 gal pump tank

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 1050 Linear Ft. 350

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Community Well

Installed by ____

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

Signed [signature]

IMPROVEMENTS PERMIT BY [signature], R.S.

COMMENTS: Install drainfield no deeper than 30" to bottom of ditch. Use drop boxes in conjunction with 75 gal washer tank. Leave more room than indicated on drawing for repair (start 10' off back line). Divert surface water around system.

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