## 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 E. Ray McCraney DATE 2-7-12 PERMIT NO. 41

PHONE: Business _____ Home 546-4469

LOCATION 109 To on 1120

_____ S. R. No. _____

SUBDIVISION NAME Maple Land Estate LOT NO. 5 SECTION OR BLOCK NO. _____

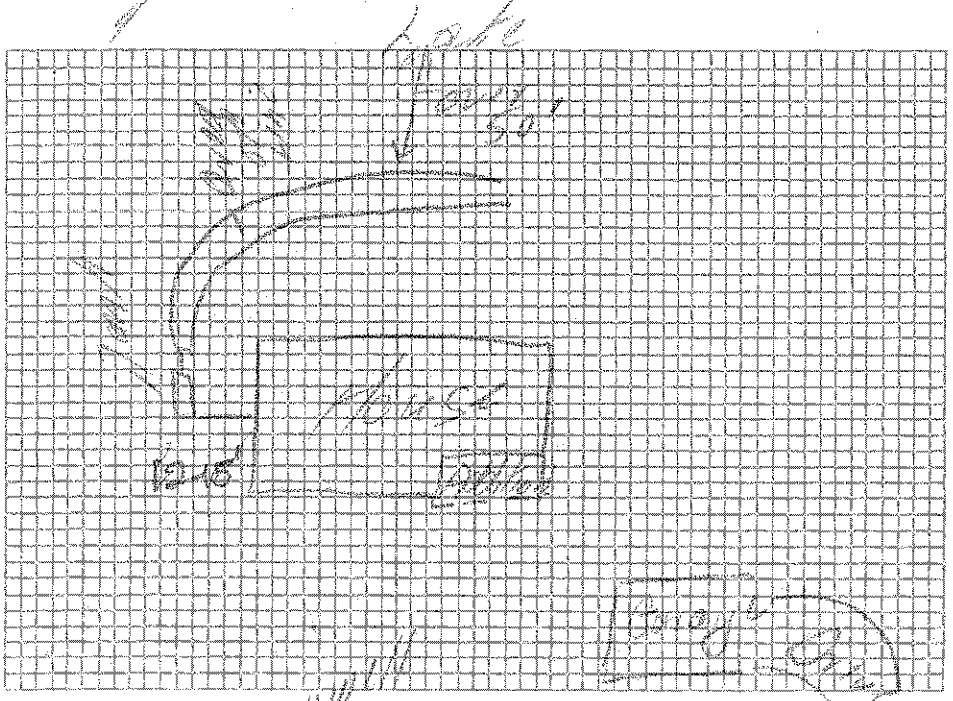
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Lot Area 1 acre

Character & Porosity of Soil Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____




Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 502 Linear Ft. 225
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )

Installed by _____
Existing System

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working at Time of Final Inspection

CERTIFICATE OF COMPLETION BY _____ DATE 2-22-12

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold