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 Mike Campbell DATE Jan. 6, '87 PERMIT NO. 5

PHONE: Business _____ Home _____

LOCATION 1302 (Cornelius Rd.) TR 1440 (Morgan Lane) on Rt. near end of _____ S. R. No. _____

SUBDIVISION NAME Pirates Cove LOT NO. 25 SECTION OR BLOCK NO. _____

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

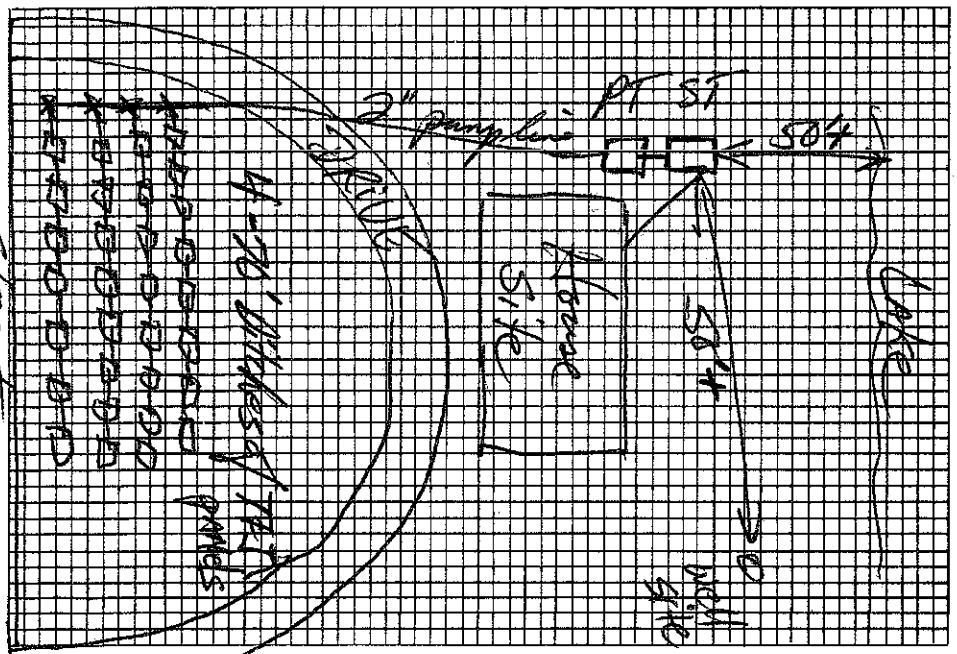
No. Bedrooms 4 No. Bathrooms 4½

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

Character & Porosity of Soil silty clay (micaceous)
Percolation Rate 3
Topography 6-8%
Depth to Water Table 4'+
Rock or other impervious formations none obs.

Lot Area ¾ AC

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement 1500 gal pump tank w/out Bottle



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. 280 l/f T&J
Depth of Stone in Lines T&J Travels
Water Supply: Individual (✓)
Public ( )

Installed by _____

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

Signed: M Campbell

IMPROVEMENTS PERMIT BY David R. Hinson, R.S.

COMMENTS: Pressure dose T&J panels. Call Health Dept. for specifications before installation

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