4648115640

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 Marvin Overcash DATE 11-29-06 PERMIT NO. _____

PHONE: Business _____ Home 873-5540

LOCATION 1595 E. to Exit T.L. 4th lot on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 2 acre

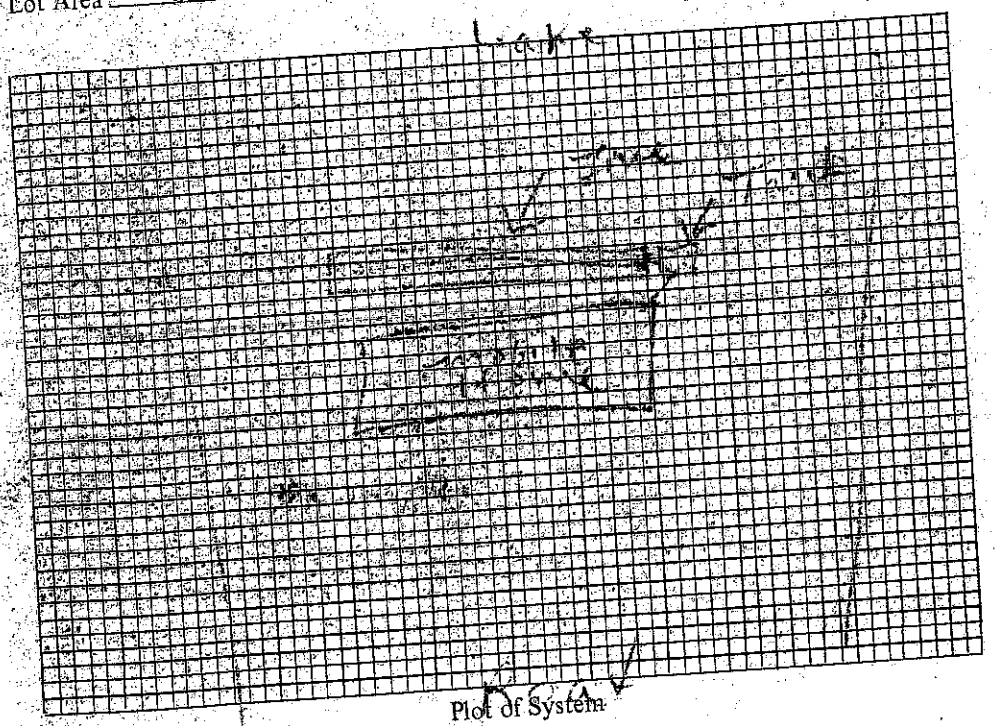
Character & Porosity of Soil _____

Percolation Rate _____

Topography Rolling

Depth to Water Table _____

Rock or other impervious formations Soft Stone



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 120 Linear Ft. 240

Depth of Stone in Lines 11

Water Supply: Individual (✓)

Public ( )

Installed by R. A. Williams

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is adequate for addition

CERTIFICATE OF COMPLETION BY _____ DATE 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