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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 John Rudisill DATE 6-23-16 PERMIT NO. _____

PHONE: Business 857-7708 Home 857-2227

LOCATION 150 Tr on 1205 Tr on 1255 Tr on 1442 .1 mi on Rt

S. R. No. _____

SUBDIVISION NAME Left Fork Mtn LOT NO. 23 SECTION OR BLOCK NO. 12

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

No. Bedrooms Existing System No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area 1 acre

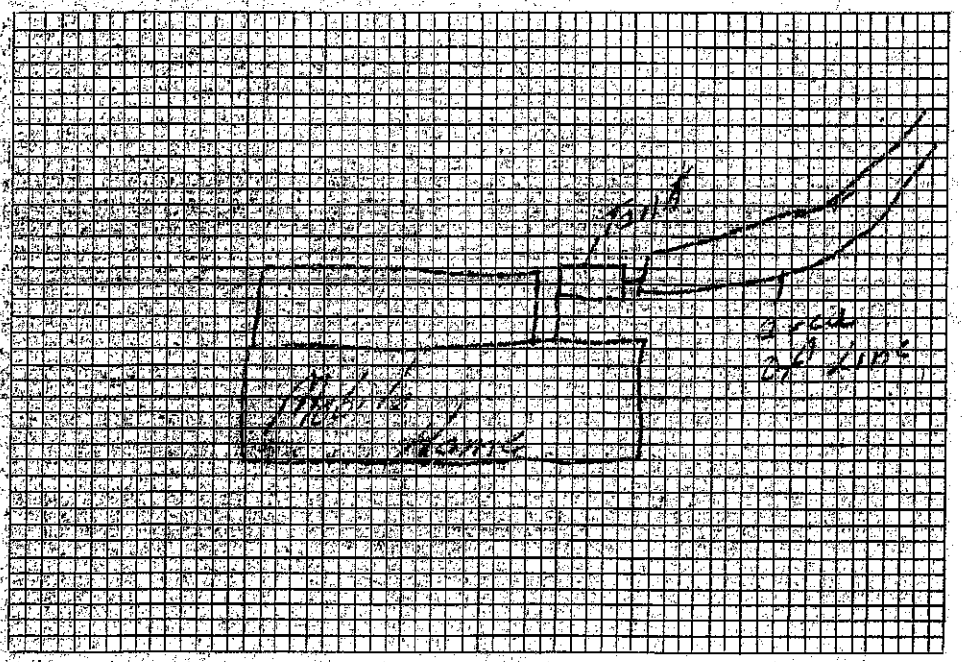
Character & Porosity of Soil Existing System

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 3

Sq. Ft. _____ Linear Ft. 225

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working at Time of Inspection

CERTIFICATE OF COMPLETION BY John Flowerstein DATE 6-23-16

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