4649 21 7117

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 Lester Howell DATE 9-18-86 PERMIT NO. 509

PHONE: Business _____ Home _____

LOCATION 21 N TR 1302 TR Judas Rd ~ ½ mile on left 248 Judas Rd. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

S.W.

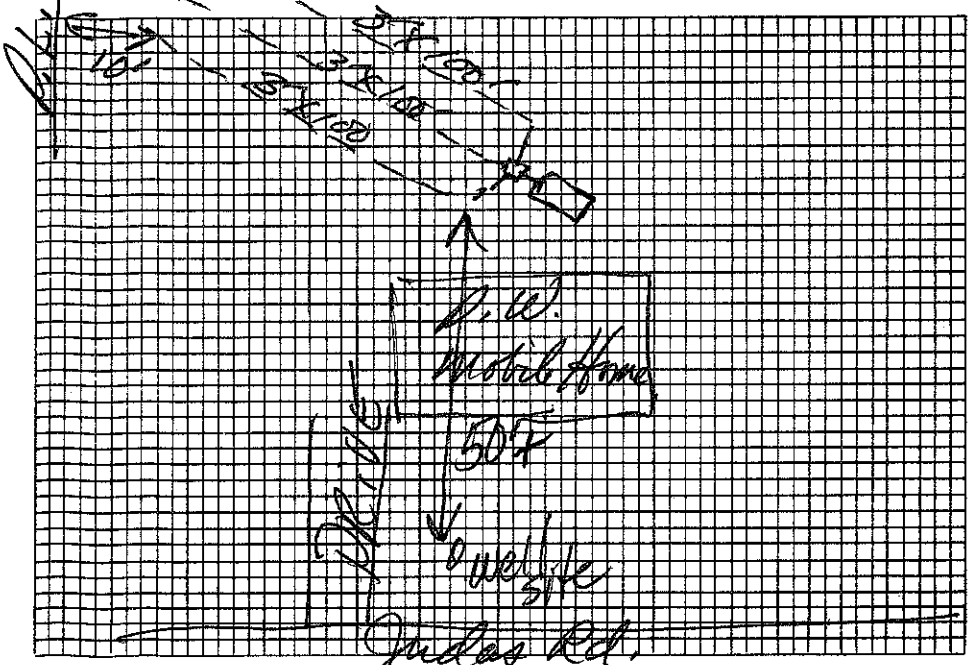
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	sandy clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4-60	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	4	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4	
			Rock or other impervious formations	none obs.	

Lot Area 20000 sq ft

___ Basement with Plumbing ___ Basement without Plumbing ___✓___ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Segmon

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

Signed: _____

IMPROVEMENTS PERMIT BY TLP

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. Segmon, RS. DATE 9-18-86

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