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 Bonnie Birch DATE 6-2-22 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215 S Rocks Ft at Fugs Pond on Lot 20

S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

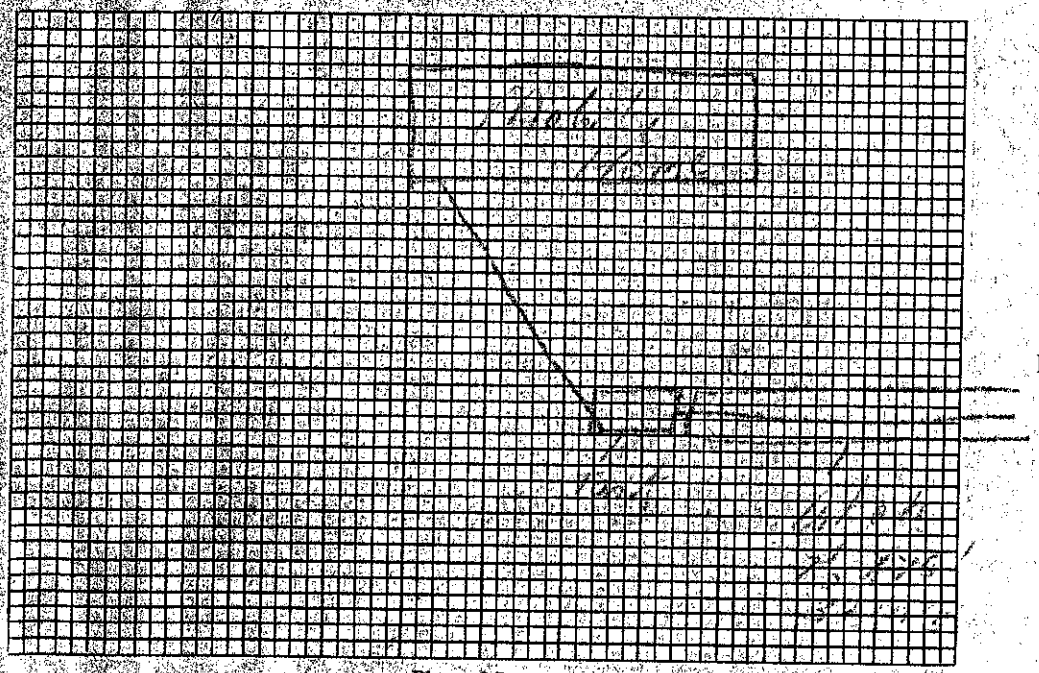
Character & Porosity of Soil Sandy Clay Loam

Percolation Rate Not Tested

Topography Sloping

Depth to Water Table 10 ft

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 525 Linear Ft. 225

Depth of Stone in Lines 20

Water Supply: Individual (✓)

Public ( )

Installed by Hartley Septic 93-25

IMPROVEMENTS PERMIT BY _____

COMMENTS: System OK to Cover Tank and Lines

CERTIFICATE OF COMPLETION BY _____ DATE 6-7-22

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