# 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 Hayden W. Jones DATE 6-25-81 PERMIT NO. 194

PHONE: Business _____ Home _____

LOCATION 115 S. TL 1138 2.3mi. on Rt. 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 20 000 ft²+

Character & Porosity of Soil clay loam

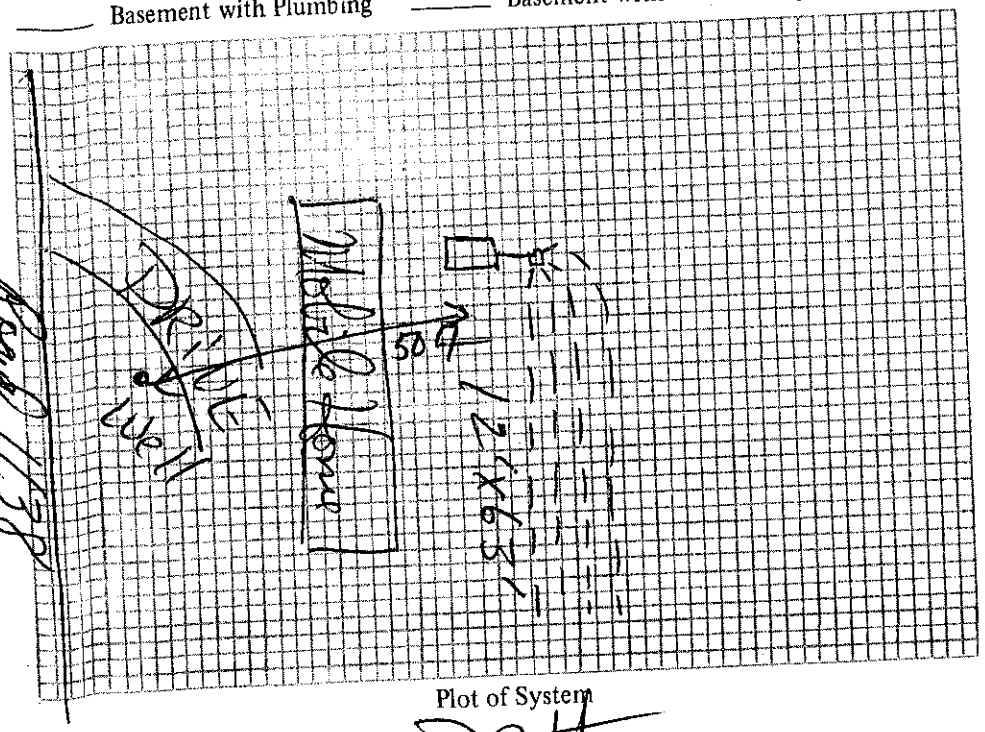
Percolation Rate 6-8 80

Topography

Depth to Water Table 6-8 ft.

Rock or other impervious formations sunk. none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 5

Sq. Ft. 750 Linear Ft. 750 ft

Depth of Stone in Lines 16 in

Water Supply: Individual (✓)

Public ( )

Installed by Blake Hyde

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 6-25

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