3:30

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 Dale Stone DATE 5-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1155 TR 1138 (Presbyterian Rd.) ~1/4-1/2 mile TR private road ~850' off road S. R. No. _____

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

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

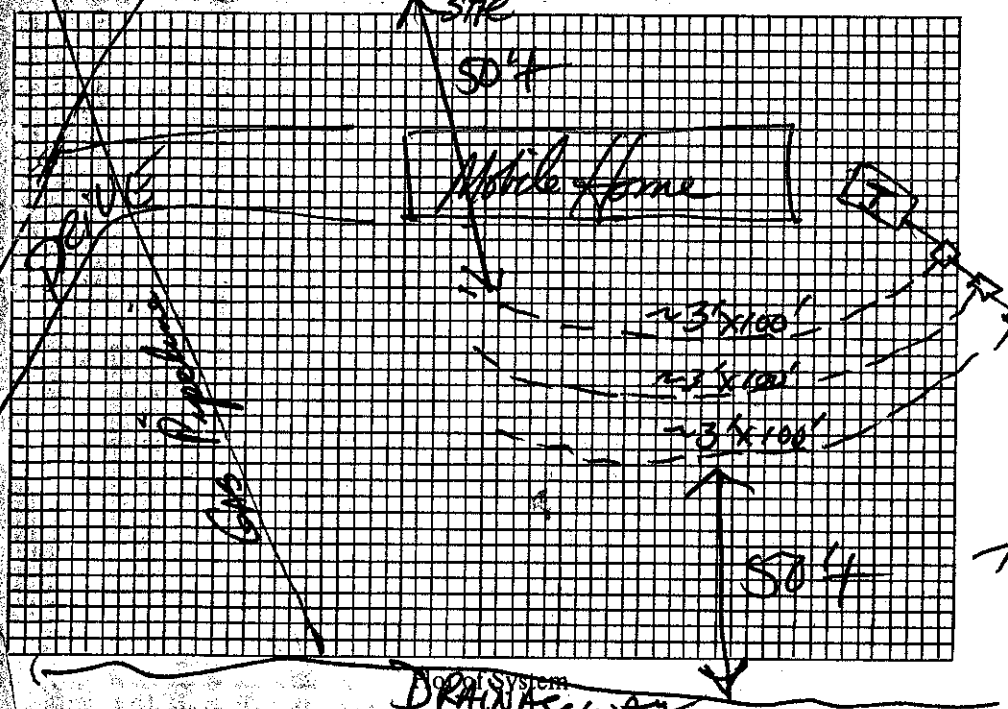
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil shallow clay
Percolation Rate 2"/4
Topography 4 to 6%
Depth to Water Table 4'
Rock or other impervious formations none obs.

Lot Area ~1/4 ac

_____ Basement with Plumbing Well Basement without Plumbing ✓ No Basement



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 _____

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

X Signed: Dale Brian Stone

IMPROVEMENTS PERMIT BY D. Hoover, RS

COMMENTS: Drainfield must be installed shallow (12" cover max.) follow contours. No stepdowns in any ditch.

CERTIFICATE OF COMPLETION BY _____ DATE _____

SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

This 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