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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 F T Baldwin DATE 6/8/90 PERMIT NO. 2A-C-1C

PHONE: Business ______ Home ______

LOCATION 115 S TL Eastport Rd (1223) TR R24 on left past 7th house S. R. No. ______

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

Jim Walter Home Pt of 2A - C - 1C Davidson

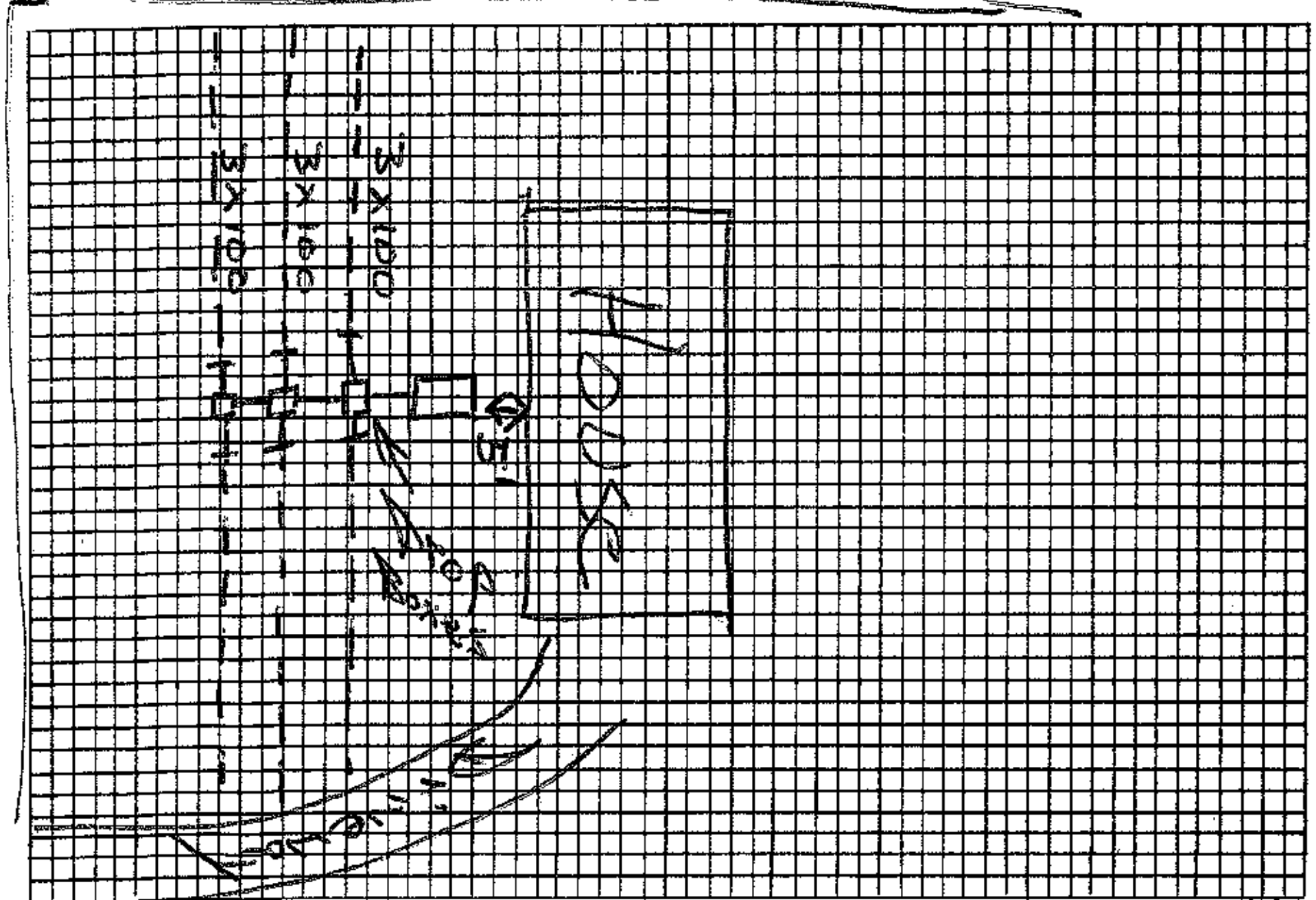
House (✓) Mobile Home ( ) Business ( ) Other ______

No. Bedrooms ______ No. Bathrooms ______

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	.4
Auto. Wash. Machine	Yes ( )	No ( )	Topography	6%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	4' +
			Rock or other impervious formations	none obs.

Lot Area .55 ac

______ Basement with Plumbing ~~Basement~~ ~~without Plumbing~~ ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓) neighbor's

Public ( )

100'+

Installed by Darrell Orbison

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

Signed: ______

IMPROVEMENTS PERMIT BY ______

COMMENTS: Change in layout

CERTIFICATE OF COMPLETION BY Sam Ingram EHS DATE 6/8/90

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