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 Lyn Smith DATE 2-25-24 PERMIT NO. 242

PHONE: Business [illegible] Home _____

LOCATION 135 Dean Hill Farm Lane

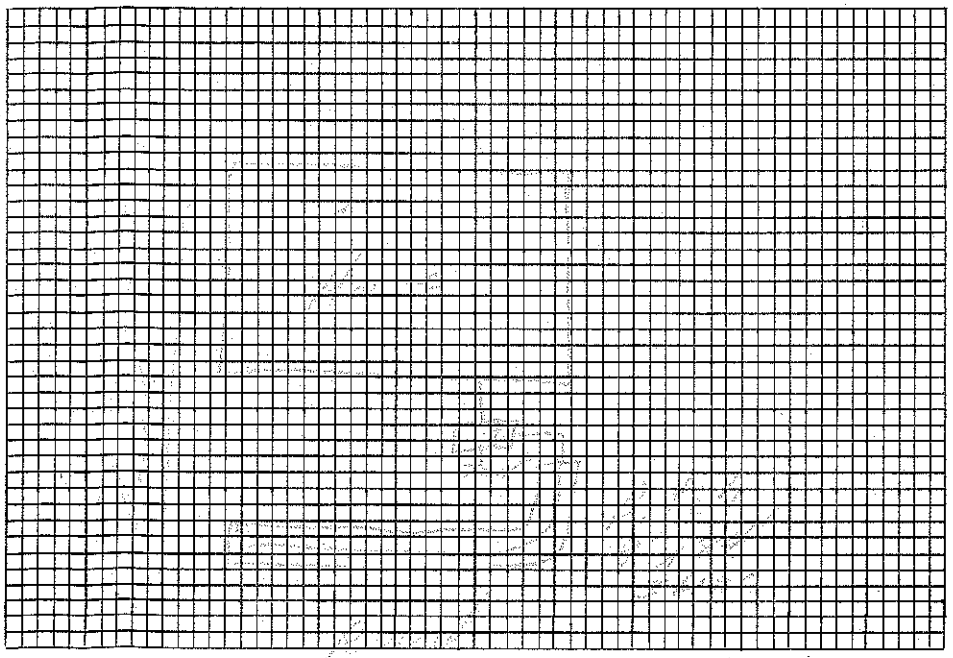
_____ S. R. No. _____

SUBDIVISION NAME Heritage Park LOT NO. 19 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1 ½
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area 1.00 Ac

Character & Porosity of Soil Sandy Clay Loam Sandy Clay
Percolation Rate 25 min/in
Topography 2% Slope
Depth to Water Table 20 Feet
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 12 in
Water Supply: Individual ( )
Public ( )

Installed by Lite

IMPROVEMENTS PERMIT BY J. C. Miller

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 2-27-24

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