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 Port City Electric Co. DATE 2-17-81 PERMIT NO. 29

PHONE: Business _____ Home _____

LOCATION 150 W. TR 21 N. ~1/4 mi. on left beside water treatment plant S. R. No. _____

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

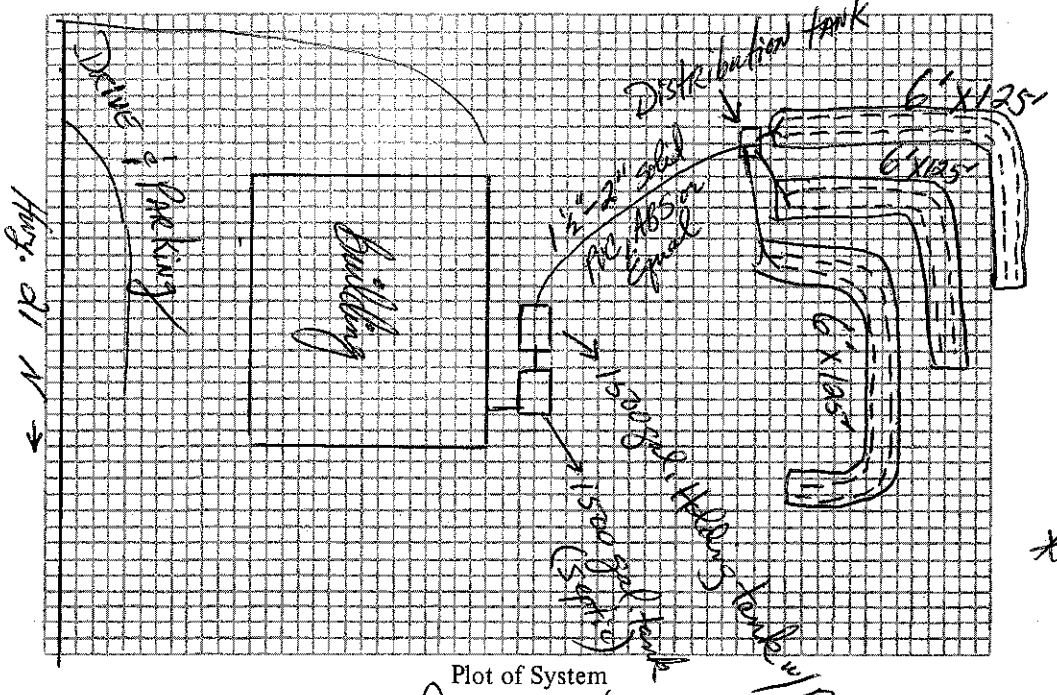
House ( ) Mobile Home ( ) Business (✓) Other System for approx. 50 employees

No. Bedrooms _____ 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 Clay loam
Percolation Rate Slumpie
Topography 4-6%
Depth to Water Table unk.
Rock or other impervious formations none obs.

Lot Area acreage

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1500 Gals.
Nitrification Field:
No. of ~~Lines~~ Ditches 3 2 lines per Ditch
Sq. Ft. 2250 Linear Ft. 750
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

X Signed: Dave Archelon
by AB Dickerson 2-19-81

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Must use good quality pump to be approved by Health Dept.
Alternate system will be considered if proper forms are submitted.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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