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 Henry L. Adams DATE 11/18/85 PERMIT NO. 379

PHONE Business _____ Home 528-6879

LOCATION 21 S, Rt on Cornelius, 3/4 Mile, Lf on Dirt Street, MH is 1/4 mile on Rt

S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Doublewide + Bedroom/Bath Addition

No. Bedrooms 4 No. Bathrooms Roof 2½ Line

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 / clay

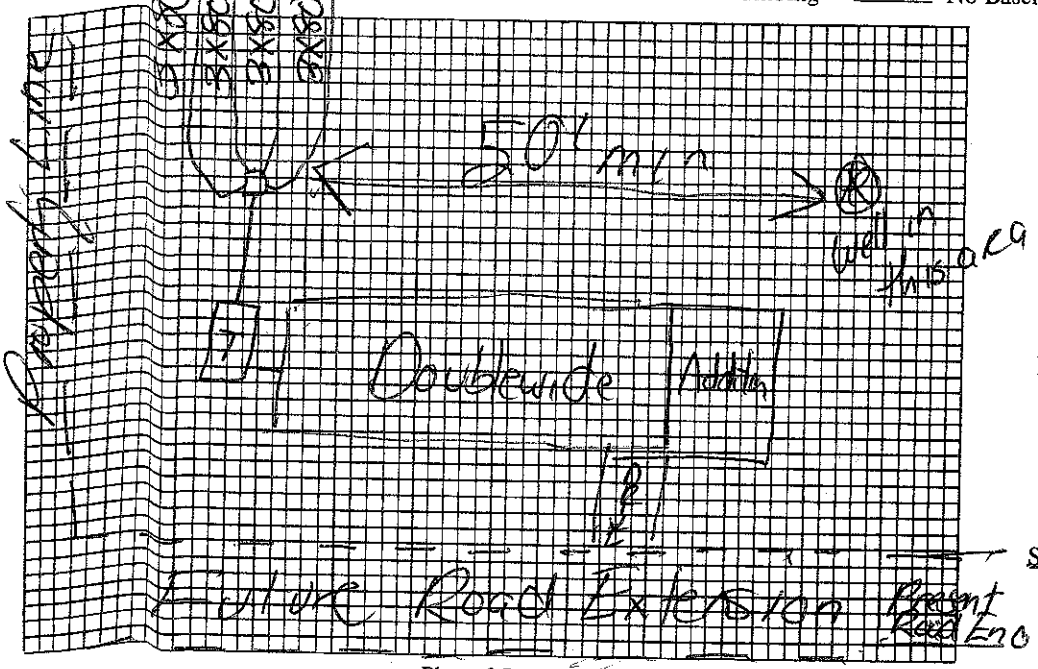
Percolation Rate 2-5 pd / ft²

Topography 2-6%

Depth to Water Table 4' +

Rock or other impervious formations None Noted

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 960 Linear Ft. 320
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.

Signed Henry L Adams

IMPROVEMENTS PERMIT BY Kay N. Meeks RS

COMMENTS: Maximize length of lines to rear line. Keep 10' from all property lines. Installer: Contact H.D. before setting tank if questions or problems arise.

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