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 5/13/86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 215, R ton Cornelius 3/4 mile & LF on Dirt Street, MH is 1/4 mile at end on rt' S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other Revision of permit dated 11/8/85

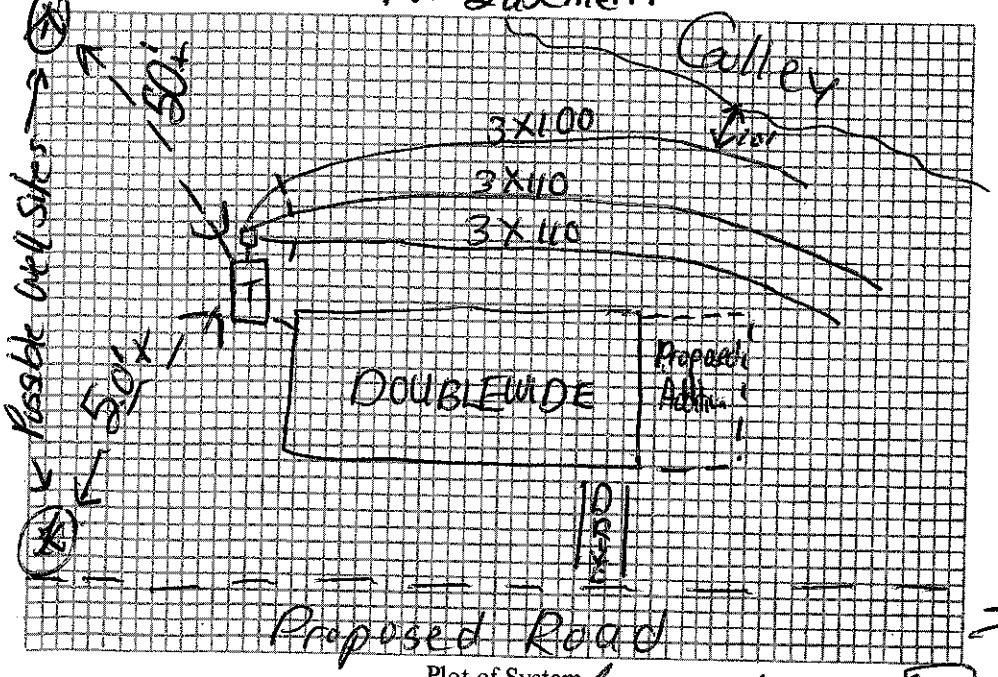
No. Bedrooms 4 No. Bathrooms 2½

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 Cly loam/cly
Percolation Rate 0.5 gpd/ft²
Topography 2-6%
Depth to Water Table 4'+
Rock or other impervious formations None Noted

No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 960 Linear Ft. 320
Depth of Stone in Lines 12"
Water Supply: Individual (✓) To be drilled
Public ( )

Installed by _____

* Henry L Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: System is sized for a 3 Br doublewide plus a one bedroom, one bath addition. Keep well 50' from septic System

CERTIFICATE OF COMPLETION BY _____ DATE _____

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