# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System — G. S. Chapter 130-Article 13C)

DATE 5/18/89 PERMIT NO. _____

OWNER OR CONTRACTOR Elenor Hager Home _____

PHONE: Business _____

LOCATION 21 N. TL Cornelius exactly ½ mile on Left

S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil clayey

Percolation Rate .35 gpd/ft²

Topography 290

Depth to Water Table 4'+

Rock or other impervious formations none observed

PROP. LINE

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

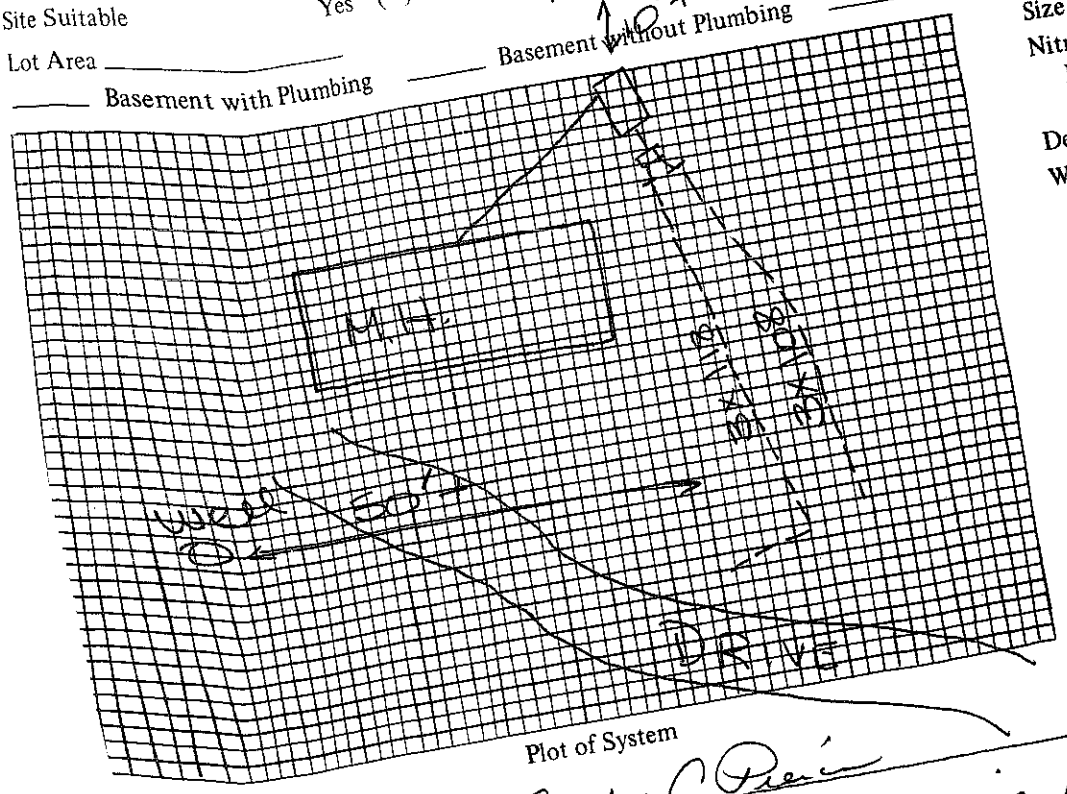
No. of Lines 2 Linear Ft. 226 230

Sq. Ft. ~~600~~ 678

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )




Plot of System

Installed by Bill Woolridge

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

Signed: _____

IMPROVEMENTS PERMIT BY Andrew C. Pierce

COMMENTS: Line shortened due to drive and swag at end of 1st line.

DATE 5/

CERTIFICATE OF COMPLETION BY Andrew C. Pierce DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIO

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