4658-30-4826

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 SUSAN BARNETTE DATE 2/9/88 PERMIT NO. _____

PHONE: Business _____ Home 663-4221 David Wilson, Bldr.

LOCATION 21 N. 1/2 mile on left.

S. R. No. _____

SUBDIVISION NAME Country Side Estates LOT NO. 3 SECTION OR BLOCK NO. _____

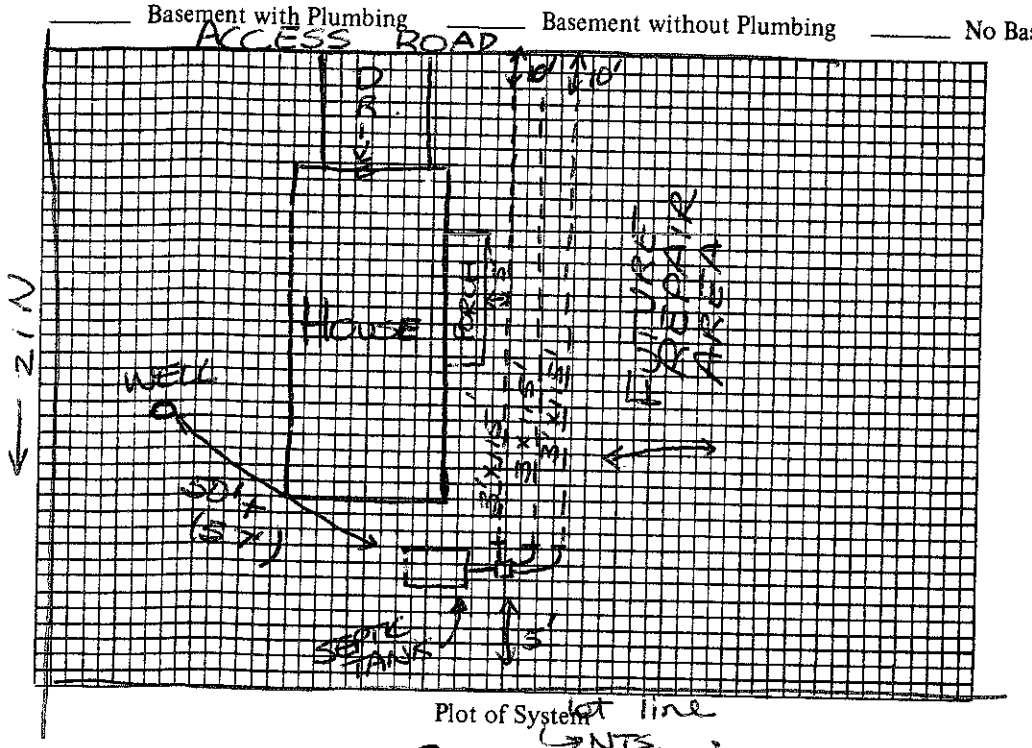
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	4.35 gpd/ft²	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	0-20%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	4'+	
			Rock or other impervious formations	none observed	

Lot Area 4 1/2 ACRE

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



S'ville tank.

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 1035 Linear Ft. 345
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: _____

IMPROVEMENTS PERMIT BY Andrie C. Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrie C. Pierce DATE 2/9/88

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