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 Corenn P. Wark DATE 11-1-82 PERMIT NO. 346

PHONE: Business / Home

LOCATION Hwy 21 N. TR 1307 2nd brick house on Rt.

S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

House (✓) Mobile Home ( ) Business ( ) Other Adding utility room

No. Bedrooms 3 No. Bathrooms 1½

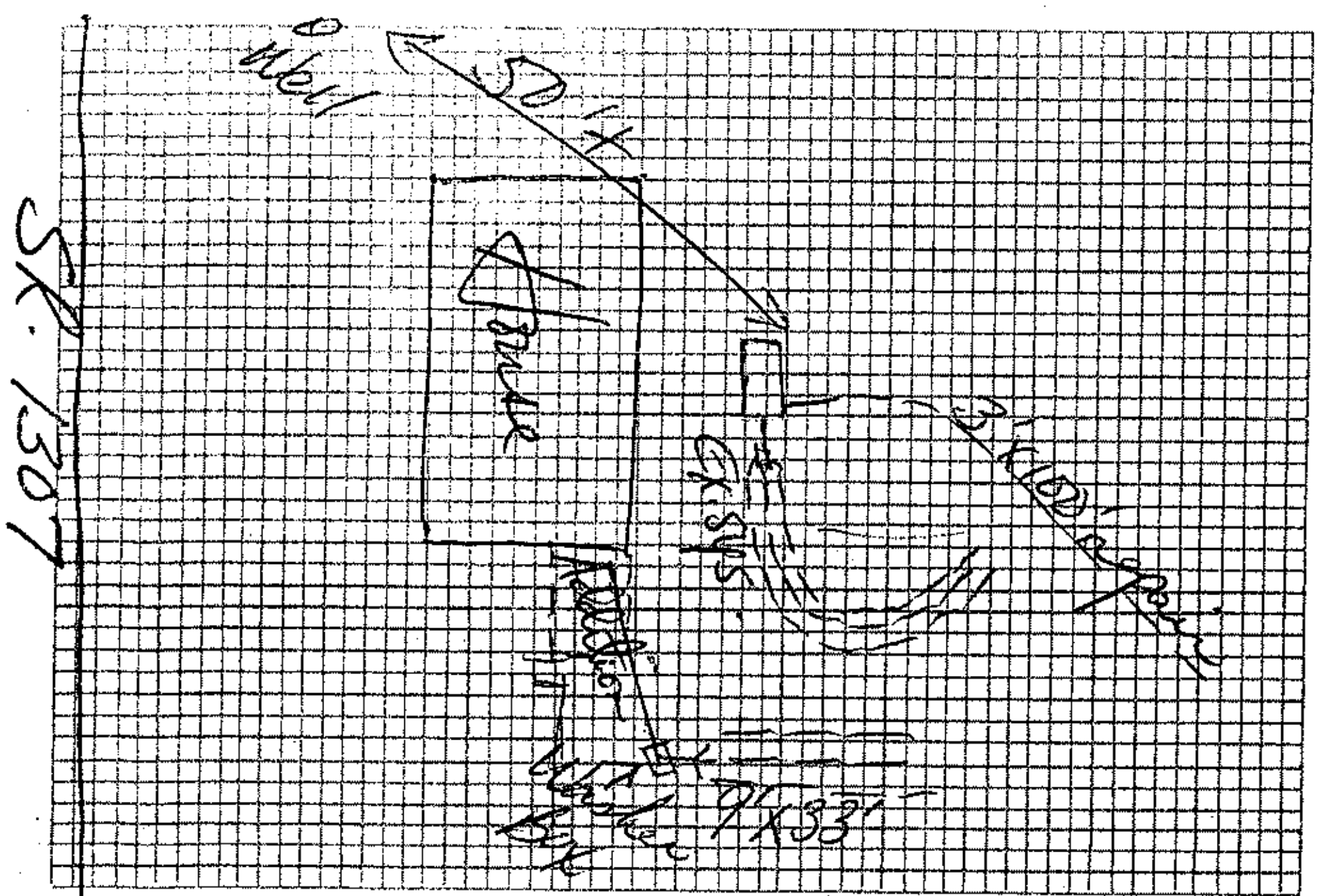
Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clay loam
Percolation Rate 80-120
Topography 2-4%
Depth to Water Table unk.
Rock or other impervious formations none obs.

Lot Area Existing

75 gal washer tank
100' feet line

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Ross Perkins

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

Signed:

IMPROVEMENTS PERMIT BY [signature]

COMMENTS:

CERTIFICATE OF COMPLETION BY [signature] DATE 11-1-82
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