4658843984

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 J. A. Patterson DATE 9-3-81 PERMIT NO. 278

PHONE: Business _____ Home _____

LOCATION 115 N. TR 2500 ~200' on Left

SUBDIVISION NAME Collins Park S. R. No. _____

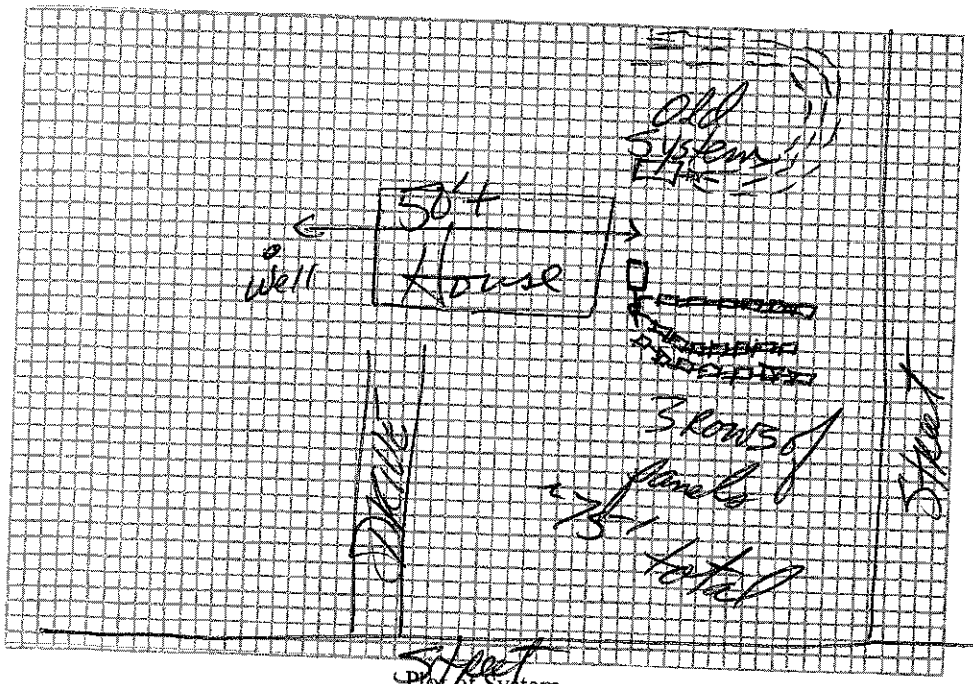
LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	tight clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	240 ft	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-4%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	mottling @ 24"	
			Rock or other impervious formations	none obs.	

Lot Area 20,000 ft² _____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. _____ Linear Ft. 75' ea
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

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

Signed: _____

IMPROVEMENTS PERMIT BY DRH

COMMENTS: New system for kitchen plumbing and washing machine.

CERTIFICATE OF COMPLETION BY _____ DATE _____
EXISTING SYSTEM CHECKED BY: David Hinson DATE 9-3-81

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