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 Terry Davis DATE 5-1-04 PERMIT NO. [illegible]

PHONE: Business _____ Home _____

LOCATION Collins Parks

S. R. No. _____

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

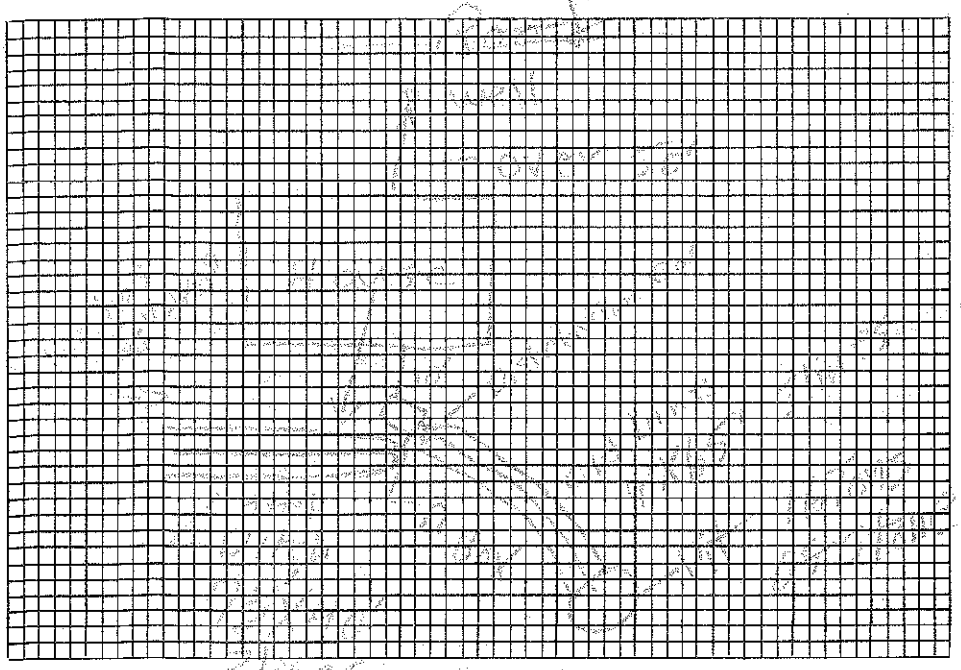
House ( ) Mobile Home ( ) Business ( ) Other _____

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 Porosity
Percolation Rate [illegible]
Topography 30% slope
Depth to Water Table [illegible]
Rock or other impervious formations none

Lot Area [illegible]



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. [illegible] Linear Ft. 320
Depth of Stone in Lines [illegible]
Water Supply: Individual ( )
Public ( )

Installed by [illegible]

IMPROVEMENTS PERMIT BY _____

COMMENTS: Repair Added 11 Tons of Stone in Part of Soil Absorption Area. Then Put New Top in Side of Tank and Added a New Line 24' w/ 4 with 3 lines

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