4659 35 7141

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 Bob Miller DATE 5-26-22 PERMIT NO. 96

PHONE: Business _____ Home _____

LOCATION 4521 Langston Rd Statesville
Salem S. R. No. _____

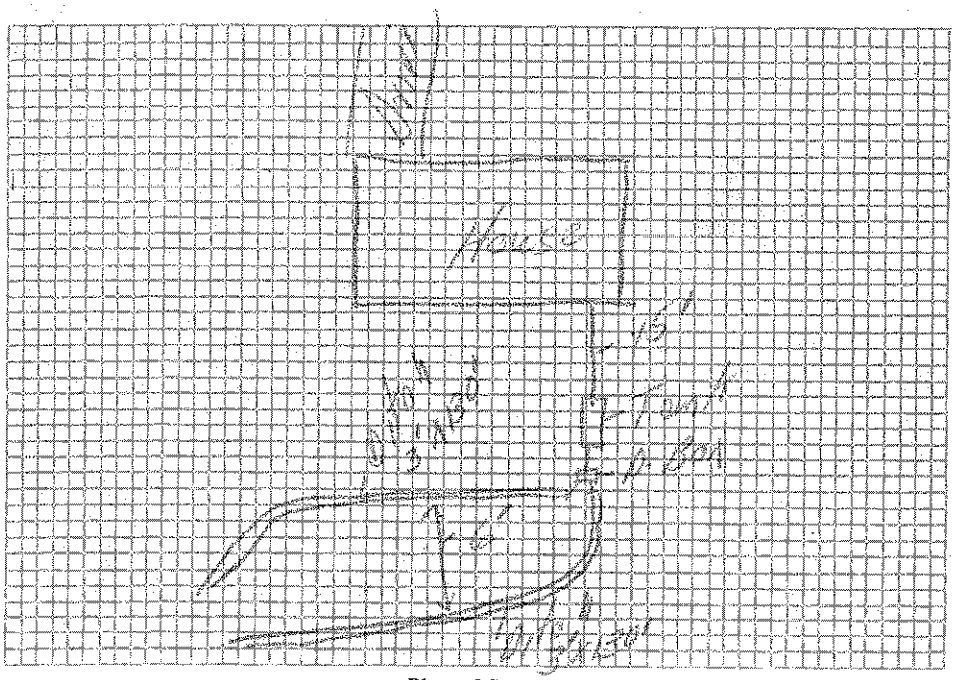
SUBDIVISION NAME Fox Run LOT NO. 38 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	60 min/1 in	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	5-7	
			Rock or other impervious formations	None	

Lot Area 20,125



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. 250
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )
Well Not Yet

Installed by Lee Looney

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-26-22

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