9:30

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 Thomas E. Messick DATE 9-13-07 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shears Chapel Rd Troy Towell St. at end. S. R. No. _____

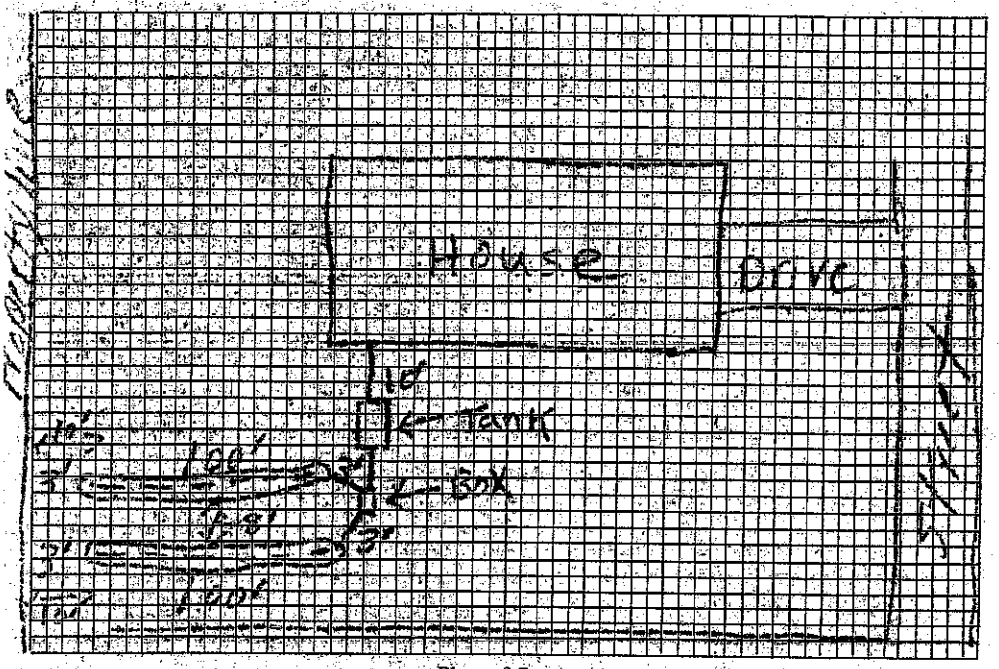
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Gravelly Clay loam
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	45m/1 inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Rolling slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area 2 acres



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Run two seprate lines & connect with D. Box Set on concrete, start Drain lines 3' from Box & connect back to box with solid rigid Pipe.

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