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 Southern Constructors DATE 9/24/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Fieldstone Rd, Lf on Heatherly, Lf on Stoneycrest, House on Rt in Cul-De-Sac S. R. No. _____

SUBDIVISION NAME Stoneycrest LOT NO. 5 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Lift Station to Mville Sewer

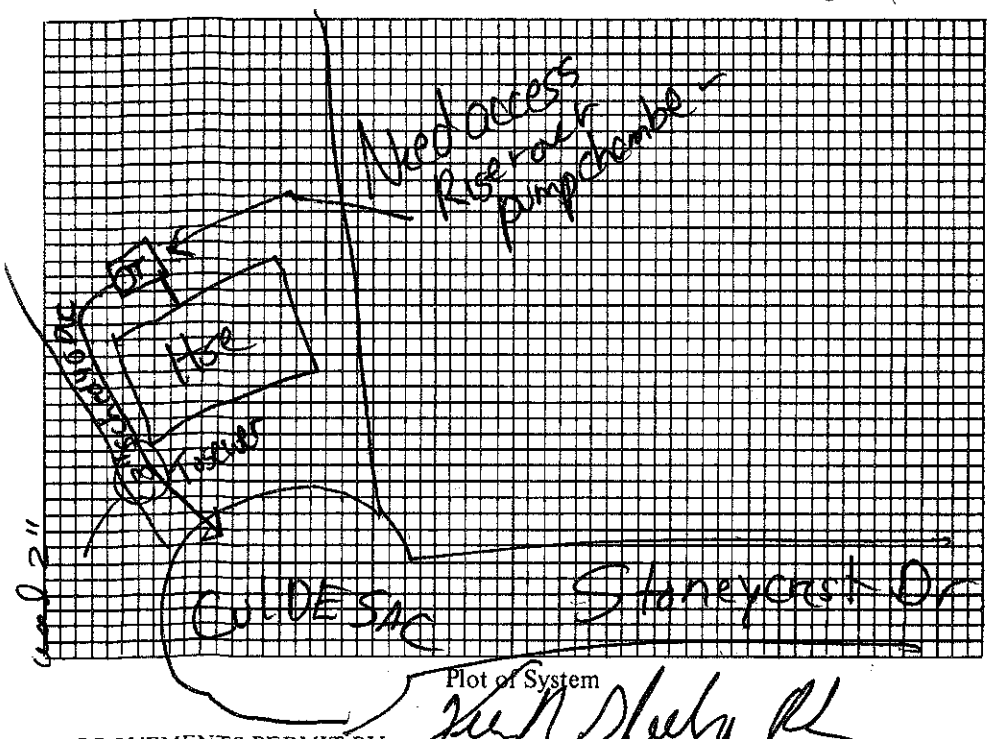
No. Bedrooms 4 No. Bathrooms 3

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography N/A
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____

✓ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines N/A
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: Buster Williams for Southern Const. Inc

IMPROVEMENTS PERMIT BY _____

COMMENTS: Use 1/2 Hp solids handling pump or pump which will satisfy lift all wastewater to sewer access. Knock hole in baffle wall. Dose ≈ 250 gallons per dose. Pump through 3" Schedule 40 PVC Check valve at tank. High water alarm on separate circuit w/ panel mounted in house.

CERTIFICATE OF COMPLETION BY _____ DATE _____

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