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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 Ted Isom DATE 11-4-86 PERMIT NO. 588

PHONE: Business ______ Home ______

LOCATION NC136 S TR into Four Oaks S/D 1st house on left

S. R. No. ______

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

House ( ) Mobile Home ( ) Business ( ) Other adding 2 car garage

No. Bedrooms ______ No. Bathrooms ______ Existing

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area ______

Character & Porosity of Soil ______

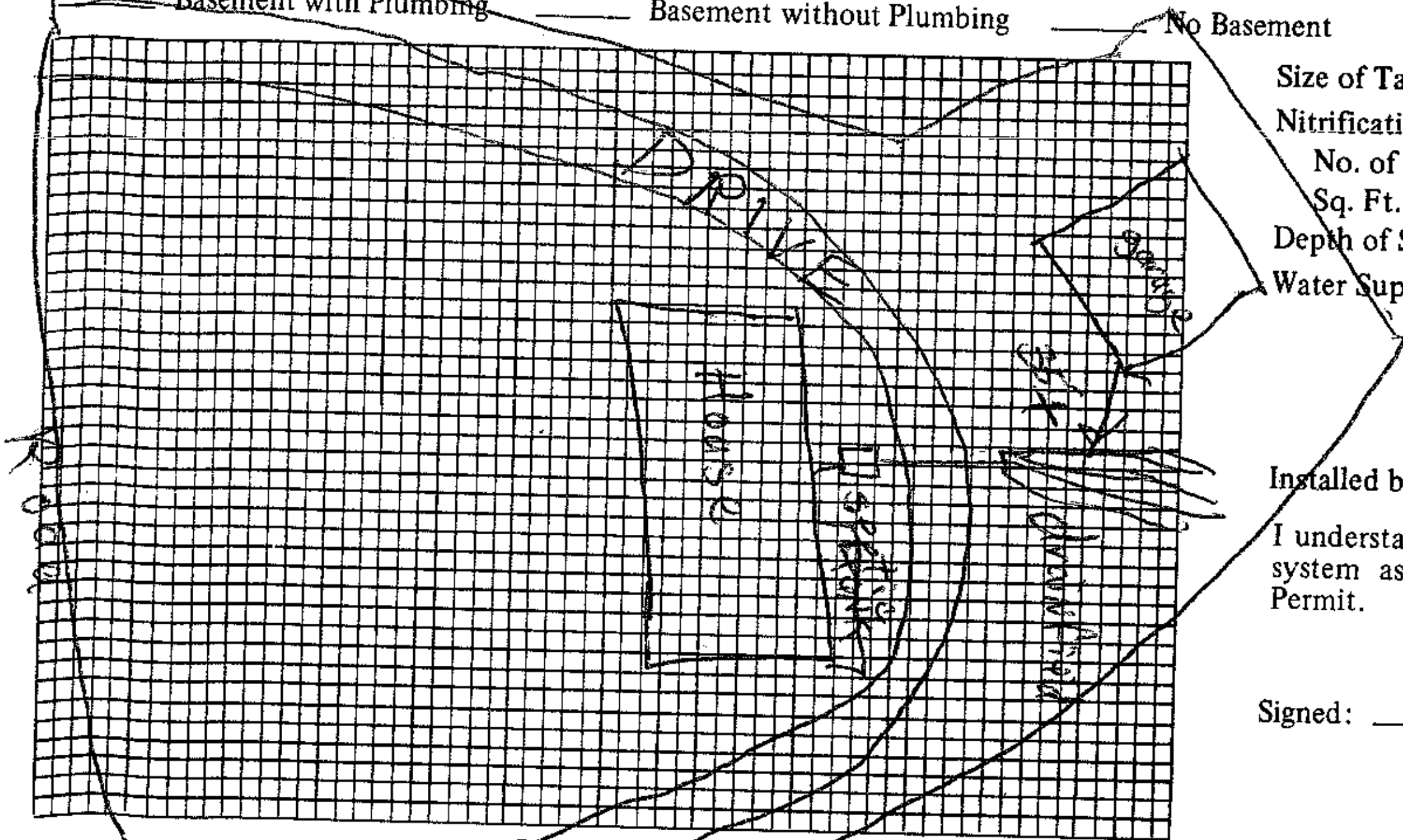
Percolation Rate ______

Topography ______ Existing

Depth to Water Table ______

Rock or other impervious formations ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement



Size of Tank ______ Gals. Existing

Nitrification Field:

No. of Lines ______

Sq. Ft. ______ Linear Ft. ______

Depth of Stone in Lines ______

Water Supply: Individual (✓) well next door

Public ( )

Installed by ______

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

Signed: ______

Plot of System

IMPROVEMENTS PERMIT BY ⊗ well

COMMENTS: existing system working OK at date of inspection; 35'+ from drainfield

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE ______

EXISTING SYSTEM CHECKED BY: ______ DATE 11-4-86

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