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 Felton Burris DATE 10-17-07 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION Coddle Rd 1146 3mi on right

______ S. R. No. ______

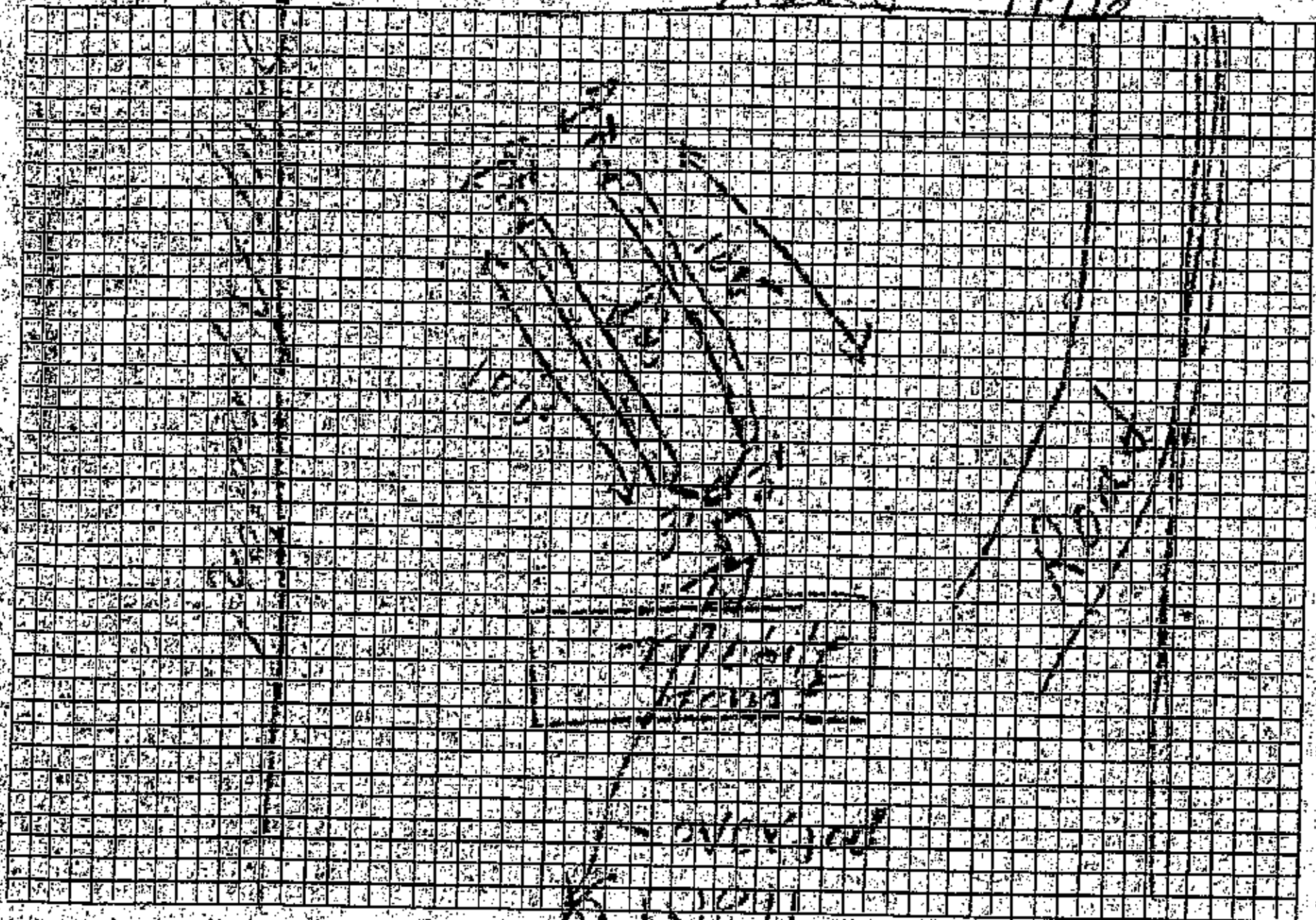
SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

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

No. Bedrooms 3 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area acreage

Character & Porosity of Soil Sandy clay loam
Percolation Rate 45min/1inch
Topography 2% slope
Depth to Water Table 10'+
Rock or other impervious formations none

Road 1146



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 2 lines 3'X100'
connect to D. Box that is water leveled,
use 2' Joint of rigid line from D. Box
to where nitrification line starts.

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