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 Joe Carpenter DATE 1-22-96 PERMIT NO. 266

PHONE: Business _____ Home _____

LOCATION 1150 Old 150-A

S. R. No. _____

SUBDIVISION NAME Quail Run LOT NO. 12 SECTION OR BLOCK NO. I

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area .75 ac +

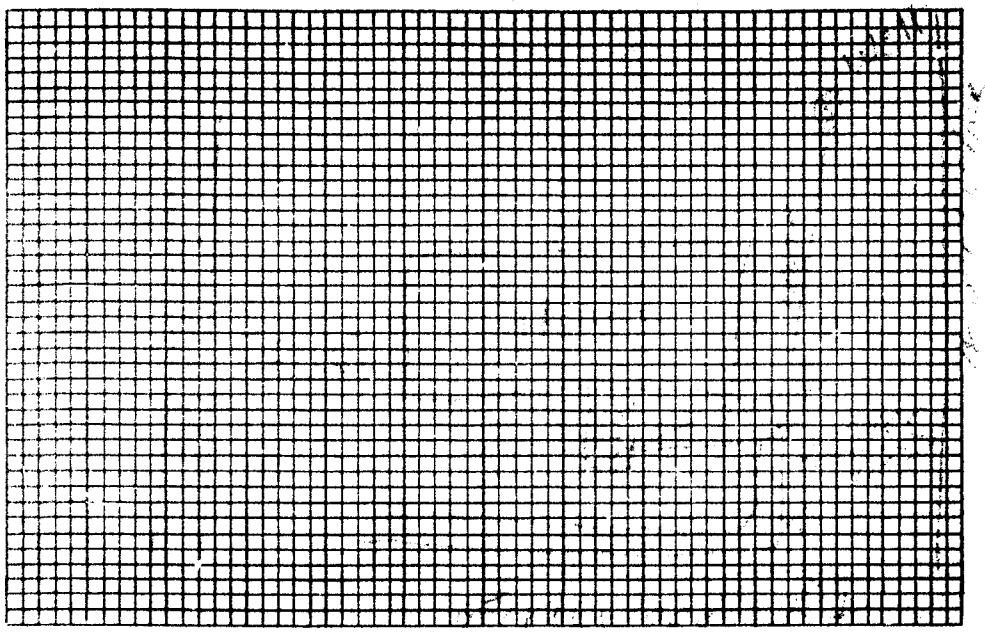
Character & Porosity of Soil Clay loam Fair Porosity

Percolation Rate Satisfactory

Topography < 3% Slope

Depth to Water Table 10'+

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (X)
Public ( )

Installed by Bennie Myers

Ditch
5'x125'
2 lines

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

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