IREDELL COUNTY HEALTH DEPARTMENT 4077299717

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR [illegible] DATE 5-2-22 PERMIT NO. 15

PHONE: Business _____ Home _____

LOCATION [illegible]

S. R. No. _____

SUBDIVISION NAME [illegible] LOT NO. 11 SECTION OR BLOCK NO. _____

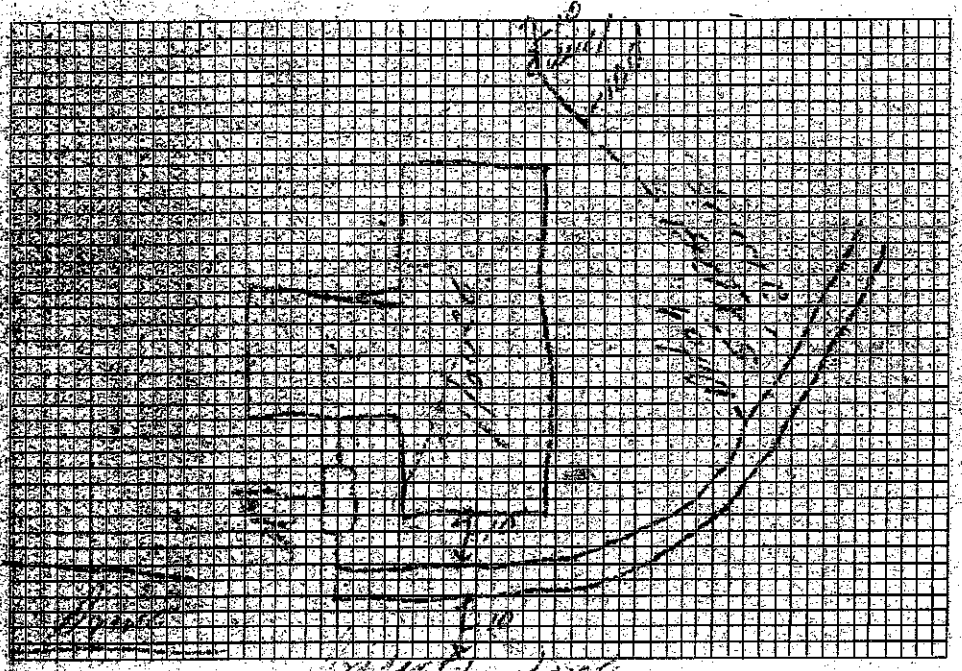
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area [illegible]

Character & Porosity of Soil Sandy Clay Loam Fair
Percolation Rate [illegible]
Topography [illegible]
Depth to Water Table [illegible]
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. [illegible]
Depth of Stone in Lines [illegible]
Water Supply: Individual (✓)
Public ( )

Installed by [illegible]

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 5-6-22

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