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 Robert Dickson DATE 3-3-83 PERMIT NO. 62

PHONE: Business _____ Home _____

LOCATION .5 Mi E of Exit 3 Rd Lot on left TR 1261 (Loudon Lake Road)

SUBDIVISION NAME Powers Estates S. R. No. _____

LOT NO. 12 SECTION OR BLOCK NO. _____

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

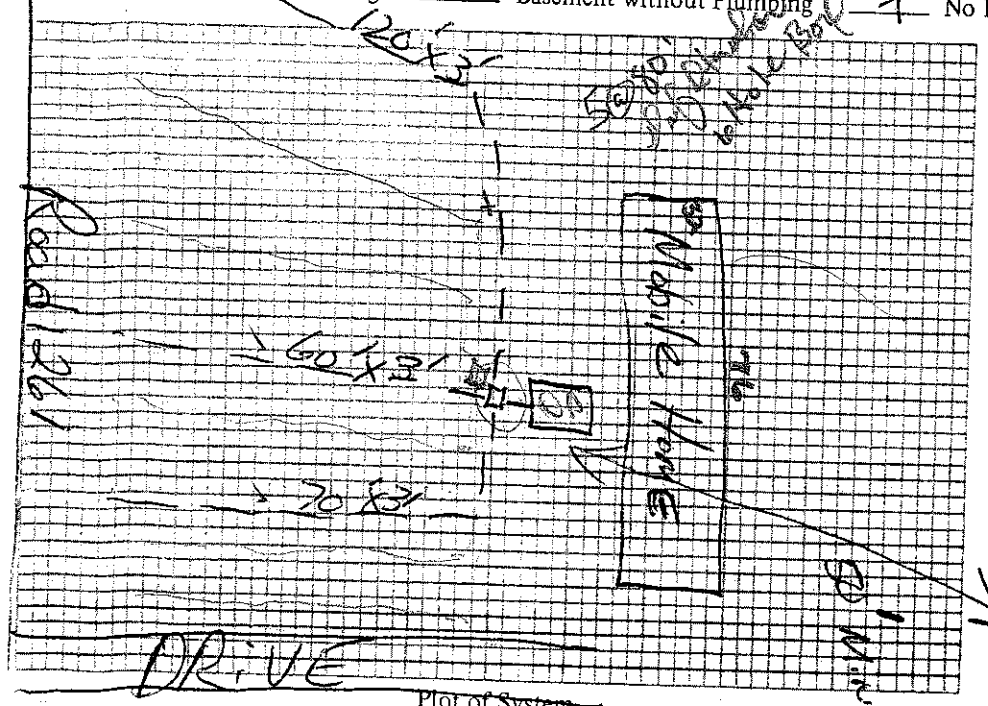
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1.2 ACRES

Character & Porosity of Soil Clay loam
Percolation Rate .5 gal/ft²/day
Topography 2-8%
Depth to Water Table 4ft+
Rock or other impervious formations NONE observed

_____ Basement with Plumbing _____ Basement without Plumbing (X) No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 740 Linear Ft. 240+
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )
-283
Rowan County
Installed by Delbert Bostian

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

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer

XISTING SYSTEM CHECKED BY: _____ DATE 3-3-83

_____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
ermit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making
nprovements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold