IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 15C)

OWNER OR CONTRACTOR ROBERT DAVID INCORVELL DATE 10-14-81 PERMIT NO. ____

PHONE: Business ____ Home ____

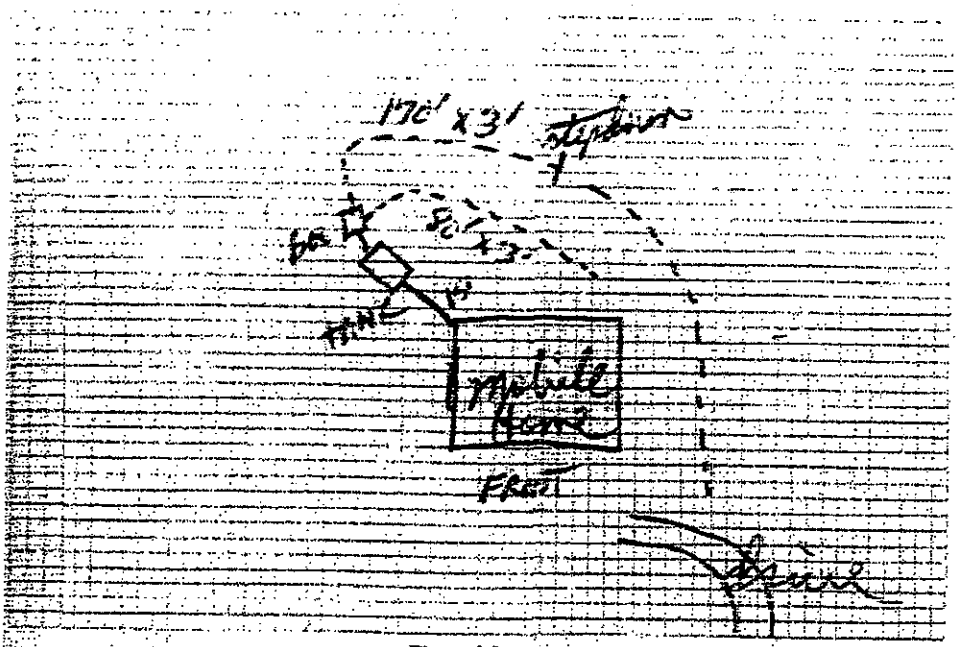
LOCATION 64-70 west T.R. at white Oaks onto Old Mtn. Rd., T.L. on 1st paved rd. mobile home behind 2nd house on left.

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

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

No. Bedrooms 2 No. Bathrooms 1 Character & Percolation of Soil Red Clay
Garbage Disposal Unit Yes ( ) No (✓) Percolation Rate 16 gal/sq ft.
Auto. Dishwasher Yes ( ) No (✓) Topography 2-6%
Auto. Wash. Machine Yes (✓) No ( ) Depth to Water Table 10'+
Site Suitable Yes (✓) No ( ) Rock or other Impervious Formation rise observed
Lot Area Ample

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 2
No. of Lines
Sq. Ft. 750 Lineal Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by William Culbertson

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

Signed: ____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Crown soil over and a shorter drain line & landscape. Do not drive over drain lines.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-19-81

EXISTING SYSTEM CHECKED BY: ____ DATE ____

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