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 Harlan Robertson DATE 5-12-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40W, T. L. on Old Mt Rd, T.R. 1st gravel Rd, Hby on left

_____ S. R. No. _____

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

P.O. Box 236 Taylorsville

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

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area 300X500 appx

Character & Porosity of Soil Red Clay Loam

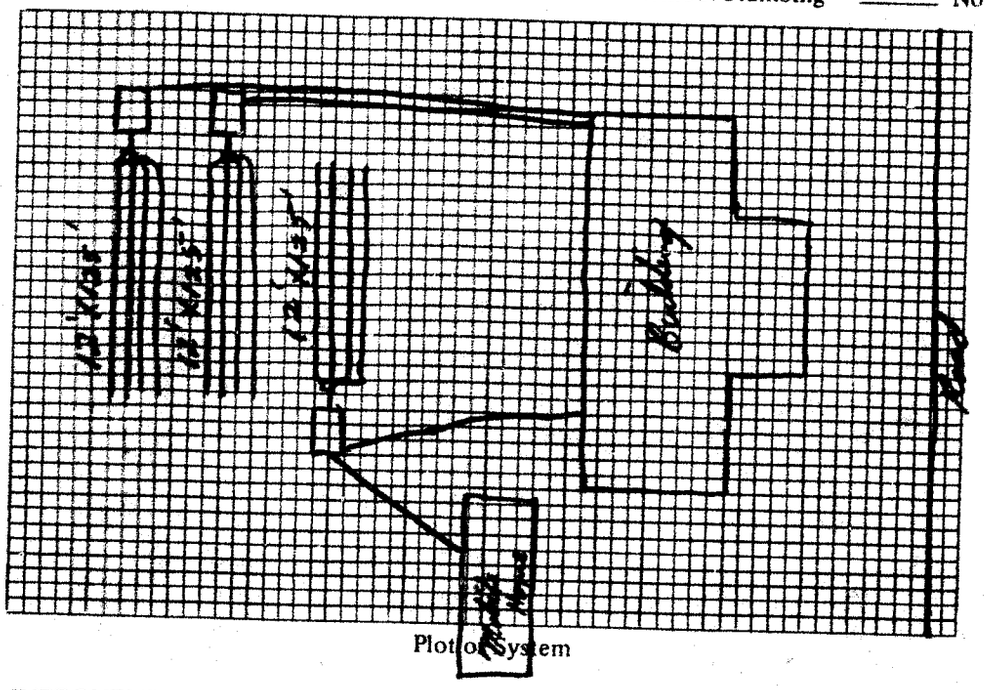
Percolation Rate 60-min/inch

Topography 2-6%

Depth to Water Table unk

Rock or other impervious formations none observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 3-1500 Gals.

Nitrification Field:

No. of Lines 12

Sq. Ft. 1500 Linear Ft. 1500

Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Self

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Clear onto between building + tanks as necessary
No driving or parking over system

CERTIFICATE OF COMPLETION BY Andrew E. Carey DATE 5/12/80

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