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 William B. Cook DATE 9-23-83 PERMIT NO. _____

PHONE: Business _____ Home _____

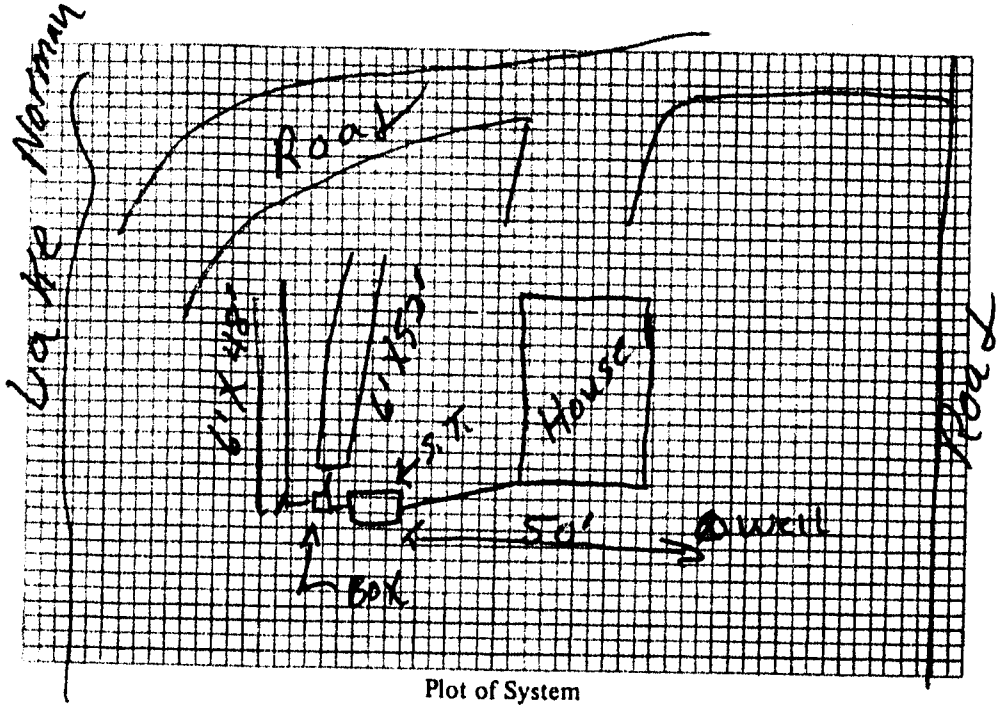
LOCATION Buffalo Shoals Rd TL on Laurel Cove Rd lot on R before end of Road S. R. No. _____

SUBDIVISION NAME Laurel Cove LOT NO. 11 SECTION OR BLOCK NO. A

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

No. Bedrooms 2 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area ½ acre +

Character & Porosity of Soil Sandy/clay & Parent material
Percolation Rate .6 gal/ 15' 1 hour
Topography [redacted] 10 to 15% Slope
Depth to Water Table 10' +
Rock or other impervious formations heavy rock formations at 4'



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by Robert Hoke

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry Pierce

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-23-83
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