# 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 GARY SMITH-FHA DATE 12-23-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd. - 1.5 miles - 2.0 miles past Hyles Xing on (R). S. R. No. _____

SUBDIVISION NAME Stafford Estates LOT NO. 14 SECTION OR BLOCK NO. _____

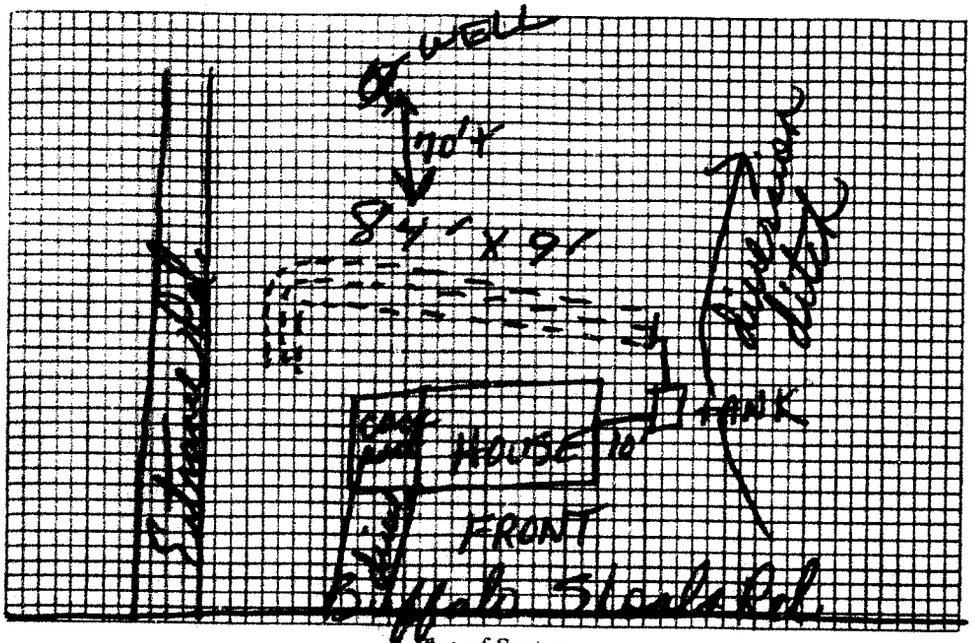
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1.5

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Clay |
| Auto. Dishwasher | Yes ( ) | No (✓) | Percolation Rate | 60 min/in. |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2-8% |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10+ |
| | | | Rock or other impervious formations | none observed. |

Lot Area 1.0 Acres

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 3

Sq. Ft. 750 Linear Ft. 1,250

Depth of Stone in Lines 16"

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 Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-23-81

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