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 JAMES LEVAN DATE 10-7-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 west - T.R. on Little Farm Rd. - 4/10 mi on left.

SUBDIVISION NAME _____ S. R. No. 1548

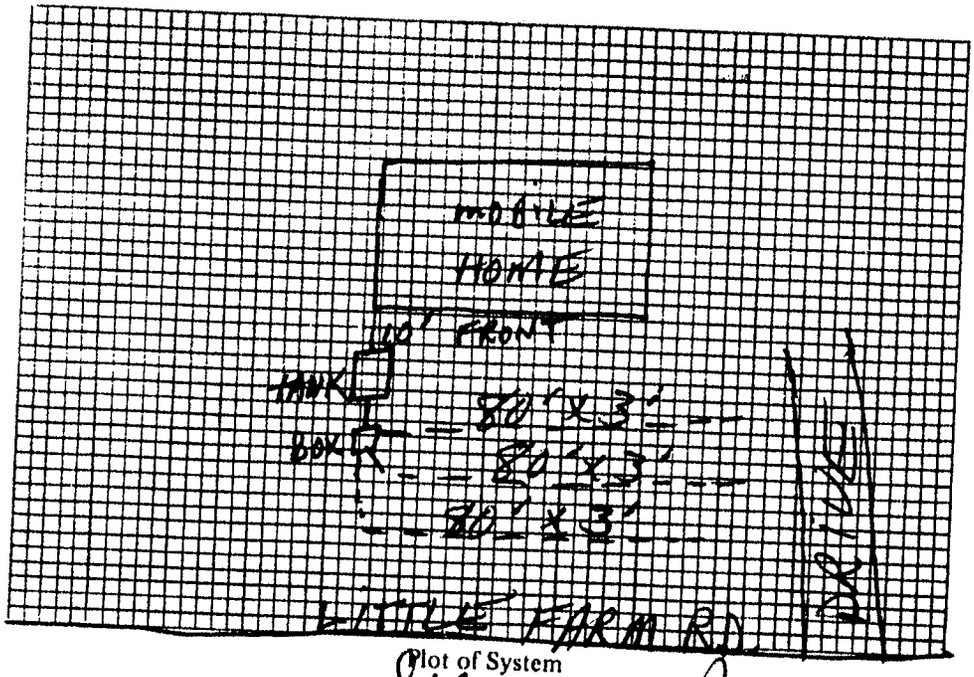
LOT NO. _____ SECTION OR BLOCK NO. _____

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 1 acre

Character & Porosity of Soil Prev. Suitable
Percolation Rate Equal Log. ft.
Topography 2 to 6%
Depth to Water Table 10 ft
Rock or other impervious formations none observed.



Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Tommy Cauthren

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

Signed: _____

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: Do not drive or park over S.T. system.

CERTIFICATE OF COMPLETION BY Steve Brown DATE 10-7-83

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