# 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 Triangle Construction Co. DATE 02-01-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd., 1/2 mile past Kyles X-Rd on left

S. R. No. _____

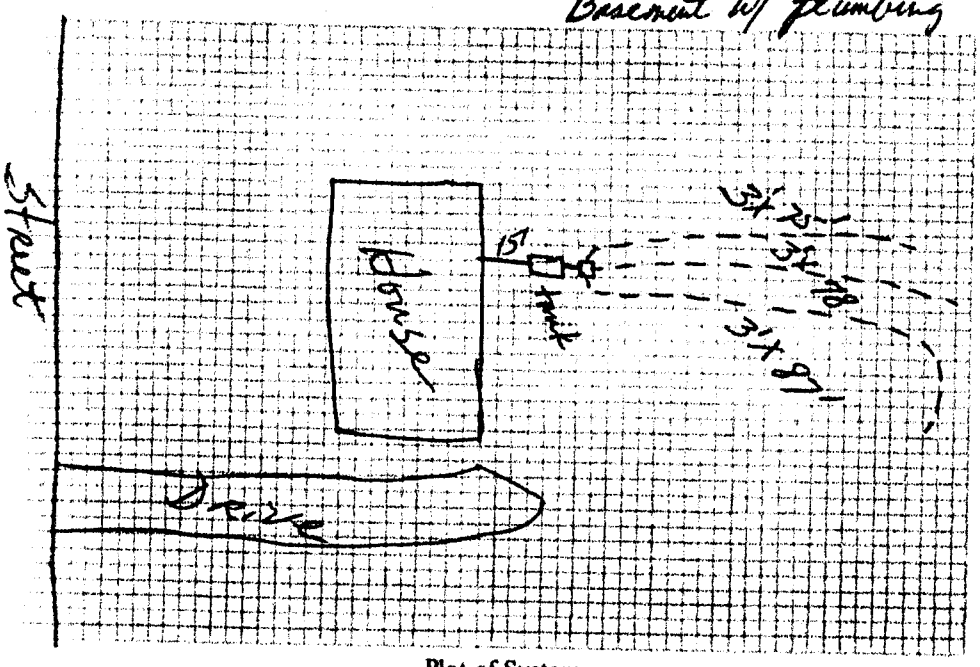
SUBDIVISION NAME Timber Brook LOT NO. 13 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

| | | | | | |
|---|---|---|---|---|---|
| Garbage Disposal Unit | Yes ( ) | No (✓) | Character & Porosity of Soil | Class III | |
| Auto. Dishwasher | Yes (✓) | No ( ) | Percolation Rate | 0.5 gal/ft²/day | |
| Auto. Wash. Machine | Yes (✓) | No ( ) | Topography | 2-6% Slope | |
| Site Suitable | Yes (✓) | No ( ) | Depth to Water Table | 10+ | |
| | | | Rock or other impervious formations | none | |

Lot Area 20,000 ft²




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Arnie Dunn

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Landscape over lines to prevent water from standing on them

CERTIFICATE OF COMPLETION BY Jerry L Pierce DATE 02-01-84

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