IREDELL COUNTY HEALTH DEPARTMENT

01291

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

01291

OWNER OR CONTRACTOR Robert Nesbit DATE 07-20-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd, T.L. on Old Mtn Rd - Double wide MH behind 5th house on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

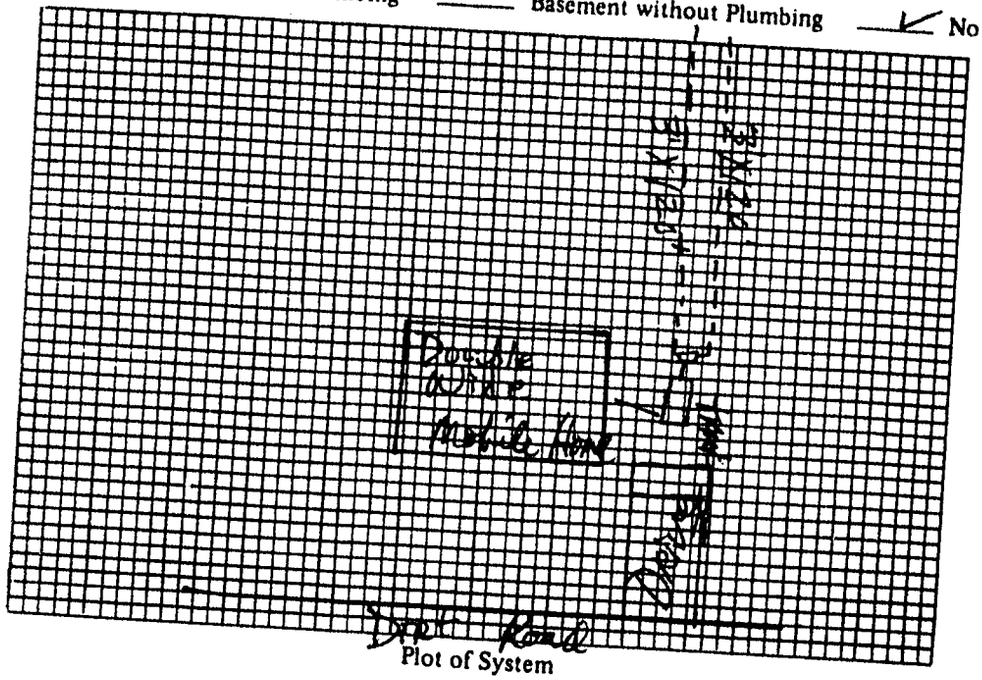
No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Lot Area Ample

Character & Porosity of Soil Class III
Percolation Rate 0.5 gal/ft²/day
Topography 2-6% Slope
Depth to Water Table 10+
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by AAA - Sigmon

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 Terry L Pierce

EXISTING SYSTEM CHECKED BY: _____ DATE 07-20-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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