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 H.B. McLELLAND JR. DATE 5-14-85. PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 314 Bristol Drive

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

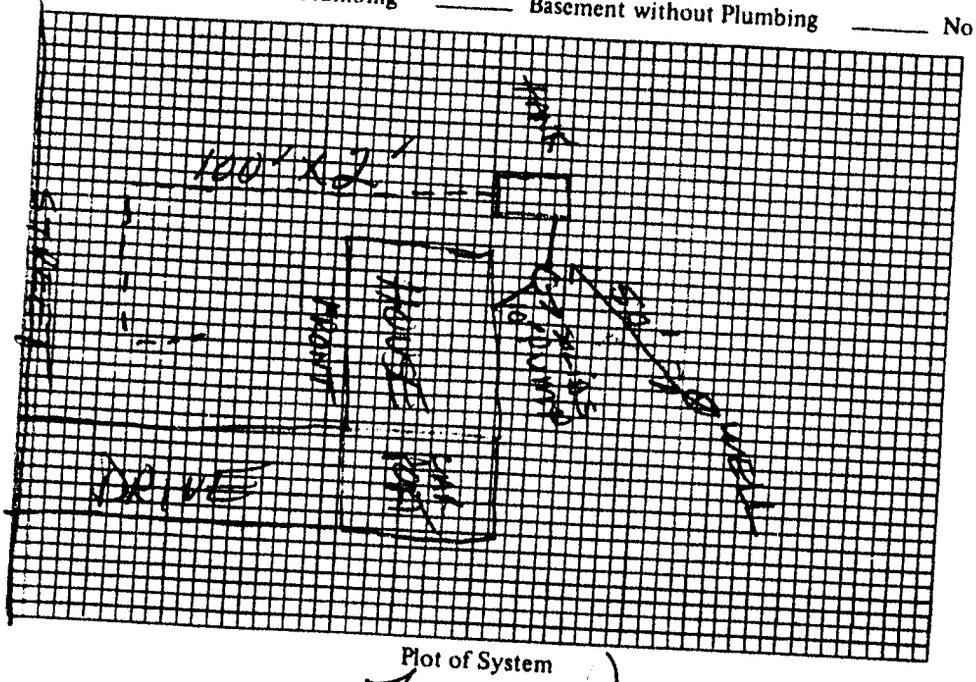
House (✓) Mobile Home ( ) Business ( ) Other Repair - Seperating house from S.T. system - left door + installed

No. Bedrooms 2 No. Bathrooms 2

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

Character & Porosity of Soil _____
Percolation Rate individual system.
Topography _____
Depth to Water Table Perc: 5 uit. - .5 gal./sq. ft.
Rock or other impervious formations 2-6% SLOPE
No rock noted.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 200 Linear Ft. 100'
Depth of Stone in Lines 6" sand under panels.
Water Supply: Individual (✓)
Public ( )

100' of 16" T+J Panel System.

Installed by Eddie Younts

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

Signed: _____

IMPROVEMENTS PERMIT BY Terry Pierce

COMMENTS: 1/2 hp. solids pump installed with an 8' lift, but the pump is actually pumping 4'. One maple, one magnolia, and four stumps removed.

CERTIFICATE OF COMPLETION BY Steve Brown

EXISTING SYSTEM CHECKED BY: _____ DATE 5-14-85.

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