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 DISABLED VETERANS OF AMERICA DATE 3-5-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION West Front St. (Hwy 90) - T.L. on I street at Waldensian Bakery - bldg. on (R) at stop sign.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. A-36 SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other meeting place - 12-25 people meeting once a month.

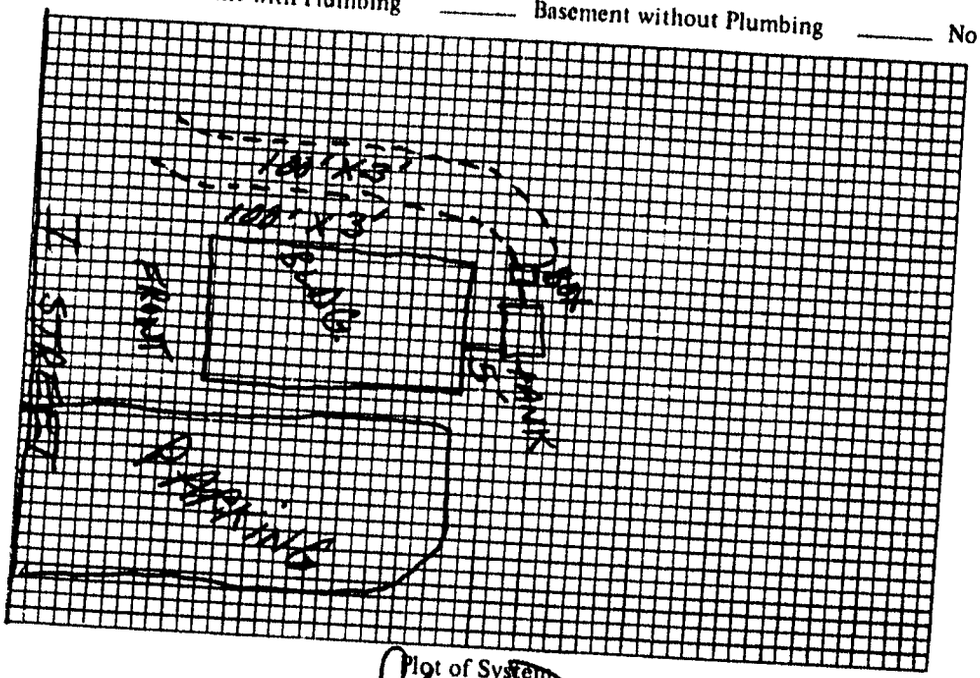
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Poor Suitable.
Percolation Rate 50 gal. / sq. ft.
Topography 2-6%
Depth to Water Table 10' +
Rock or other impervious formations none observed.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Kenneth Claffin

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brewer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brewer

EXISTING SYSTEM CHECKED BY: _____ DATE 3-5-86.

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