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 City Carl Teague DATE 13890 PERMIT NO 90-A-67

PHONE: Business _____ Home _____

LOCATION SR 1187 Mocksville & Miller Farm 3rd Lot on Left

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 21 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 115X280

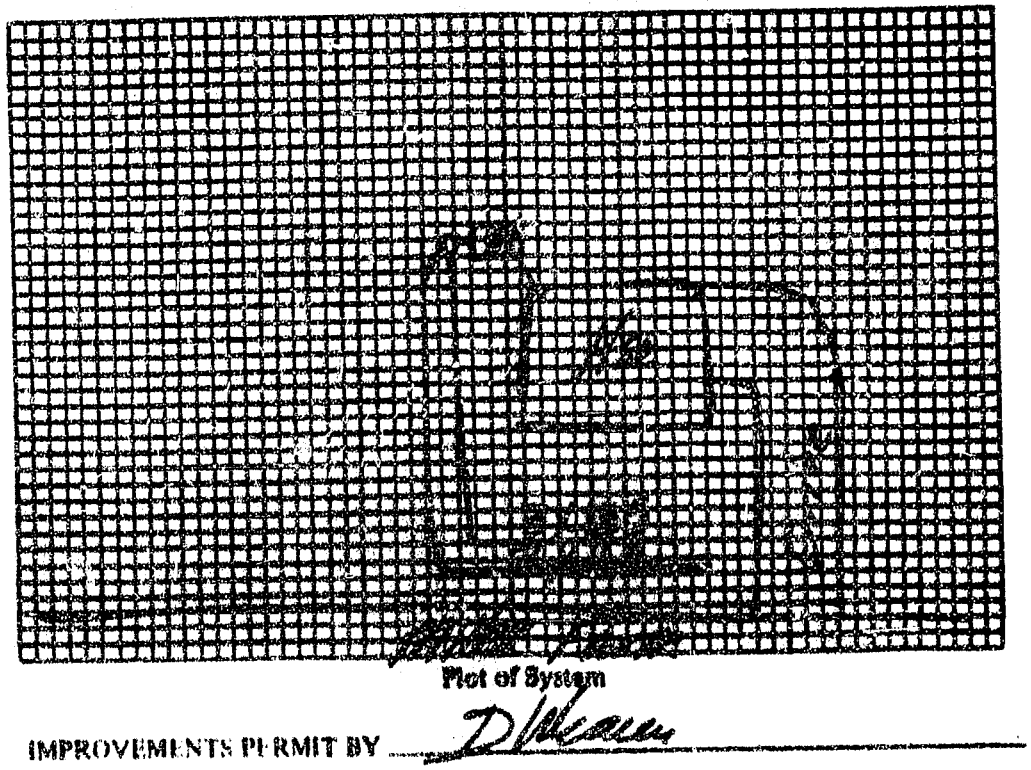
Character & Porosity of Soil Sandy Suitable
Percolation Rate 5 mpi
Topography Flat
Depth to Water Table 10 Ft
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)



Plot of System

Installed by John Mincer

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

Signed: _____

IMPROVEMENTS PERMIT BY D Williams

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D Williams DATE 1389

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