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 James Benfield DATE 4-6-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N on TL on Sullivan Farm Rd + Scotts Creek Rd
on about ½ mile Building on Rt.

SUBDIVISION NAME _____ S. R. No. 1557

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (✓) Other GARAGE - 40'x100' Storage Garage

No. Bedrooms _____ No. Bathrooms 2

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

Lot Area _____

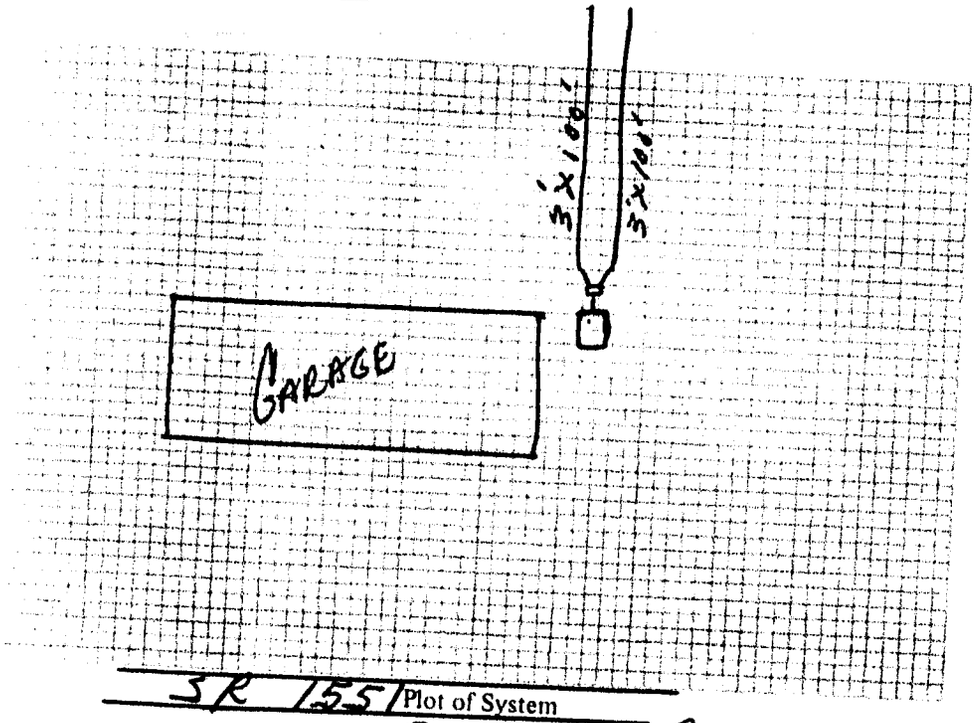
Character & Porosity of Soil Clay Loam

Percolation Rate 0.6 gal sq ft type 1

Topography 2-6% slope

Depth to Water Table 10'

Rock or other impervious formations None



SR 1557 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 Robert Hall

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

Signed: _____

IMPROVEMENTS PERMIT BY Jerry L. Rivers

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Lofty

EXISTING SYSTEM CHECKED BY: _____ DATE 4/6/84

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