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 ROY JONES CONST. DATE 1-31-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 south, T.R. on old mtn. Rd. at Trantham's T.L. on East Mumbo Rd., th. T.R. into Parkwood Lane, T.L. on 1st st. - 2nd house on (R).

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. 57B SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1.5

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

Lot Area .625 acre

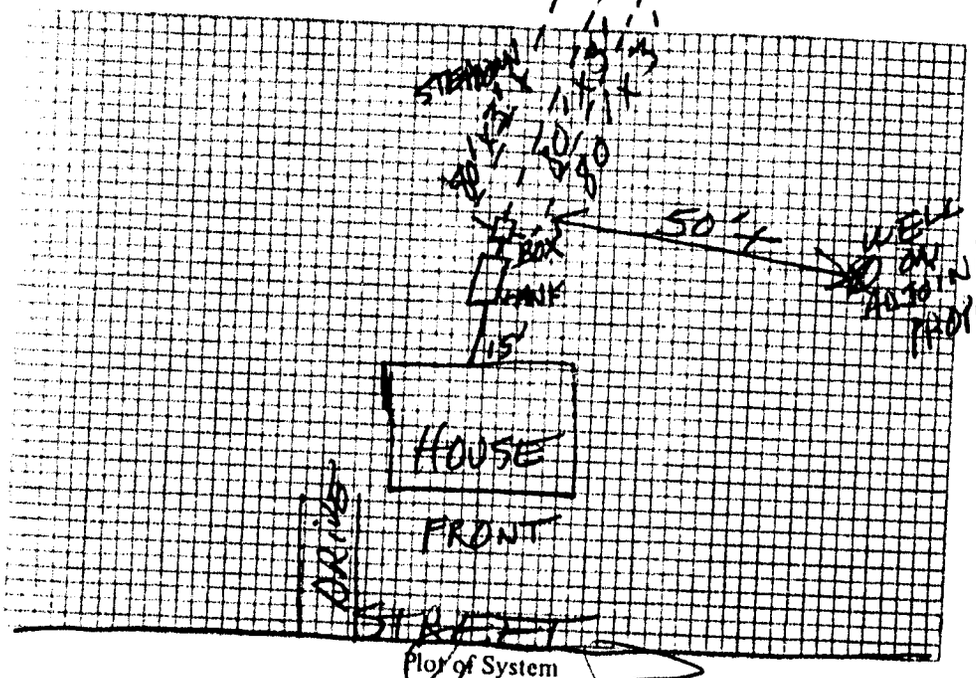
Character & Porosity of Soil Prov. Suitable

Percolation Rate .5 gal/sq. ft.

Topography 2-6%

Depth to Water Table 10'+

Rock or other impervious formations non impervious



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by F. J. ERVIN

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

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Fordrainage over S.T. system for surface water control. Keep well at least 50' from S.T. system.

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: Steve Brown DATE 1-31-84

_____ 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