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 Pierce DATE ~~4-16-24~~ 4-18-24 PERMIT NO. _____

PHONE: Business _____ Home _____

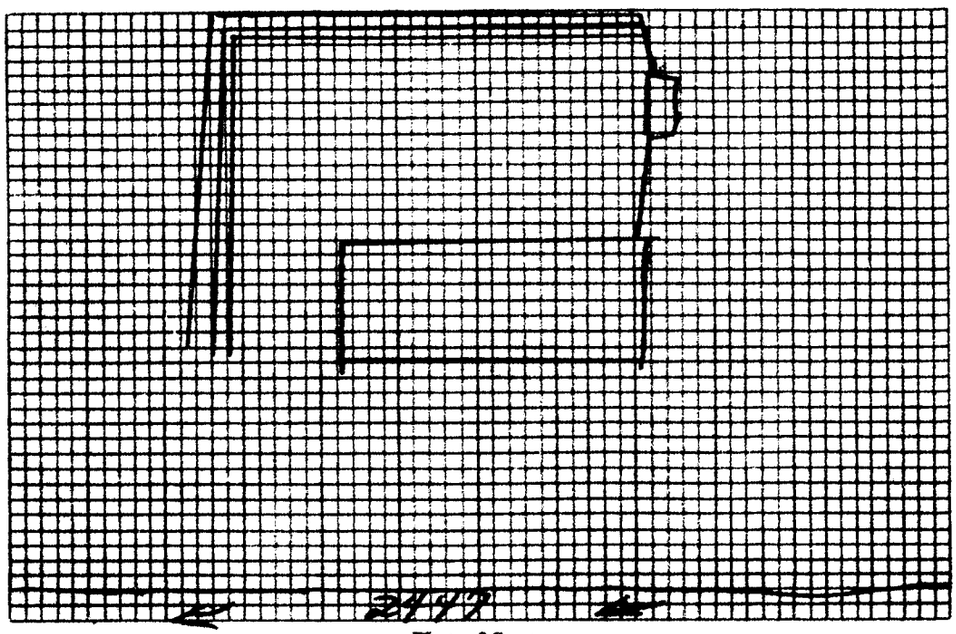
LOCATION 21 S., left on 2347, left on 2345, right at stop sign, second Rd on left turn (2447), 2nd trailer on Rt S. R. No. _____

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

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

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 Red Clay
Percolation Rate 2
Topography slope to rear
Depth to Water Table 4'
Rock or other impervious formations none



Plot of System

Size of Tank 1,000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY Andrew E. Camp

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Camp DATE 4-18-24

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold