# 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 Gloria Thompson DATE 5-10-83 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION US 21 South TL at Barium Springs on moose Lodge Rd at Radar Tower TL 1st lot on R S. R. No. ______

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

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

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay/loam (Class III)

Percolation Rate .5 gal/SQ'/Day

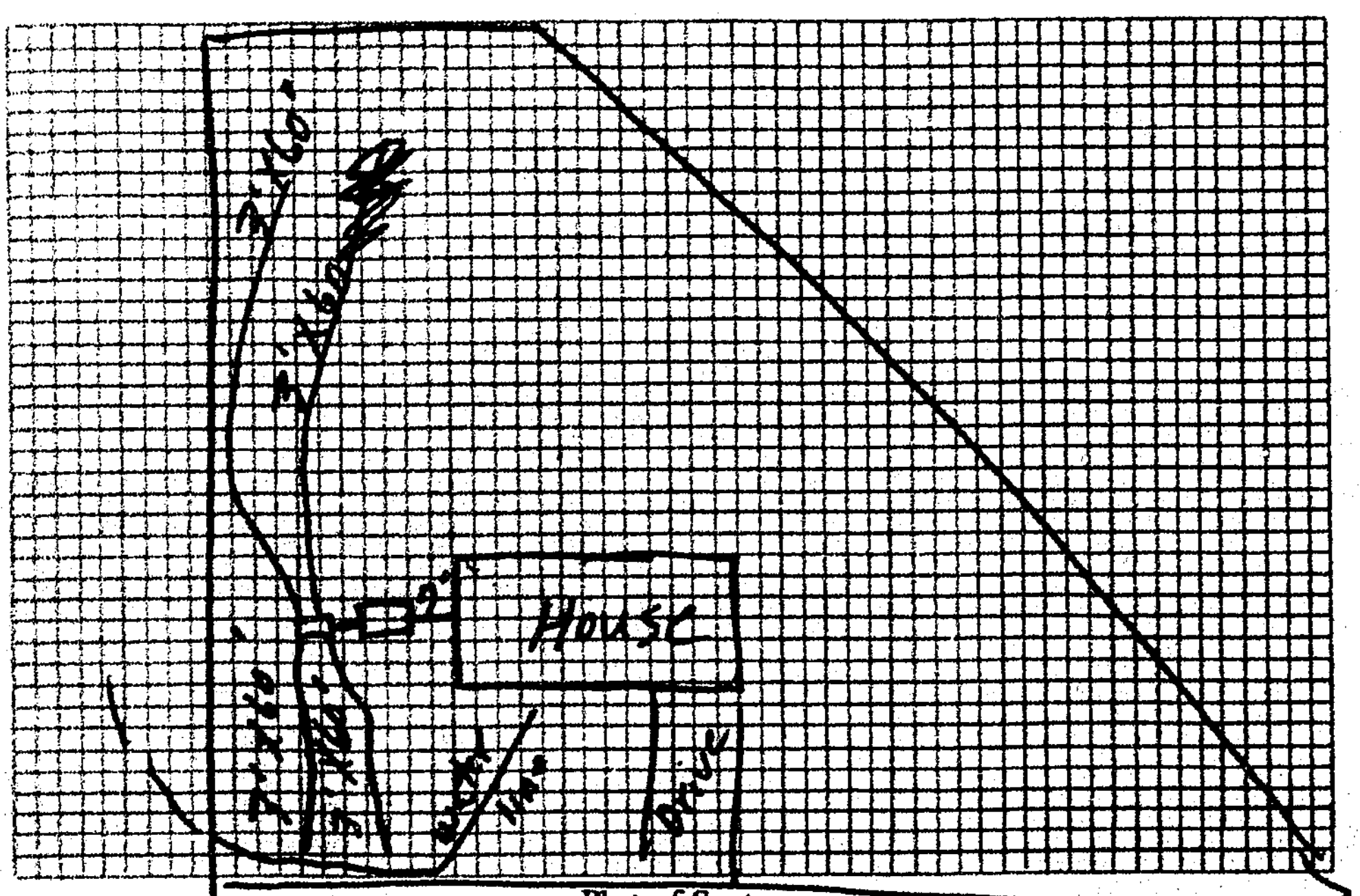
Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area 21,310 Sq'

______ Basement with Plumbing ______ Basement without Plumbing ✓ No Basement




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Well next door

Installed by Donald Lackey

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

Signed: ______

owner decided to use well next door, lay-out was changed to get water line to house.

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Mrs. Thompson has Mr. Plyler adjoining property owners permission to encroach within 10' of property line.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 5-10-83

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