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 John Dickson DATE 3-27-84 PERMIT NO. _____

PHONE: Business 539-4773 Home _____

LOCATION Highway 115 to Old Wilkesboro Rd - Log House on Rt just before Monticello Dr. S. R. No. _____

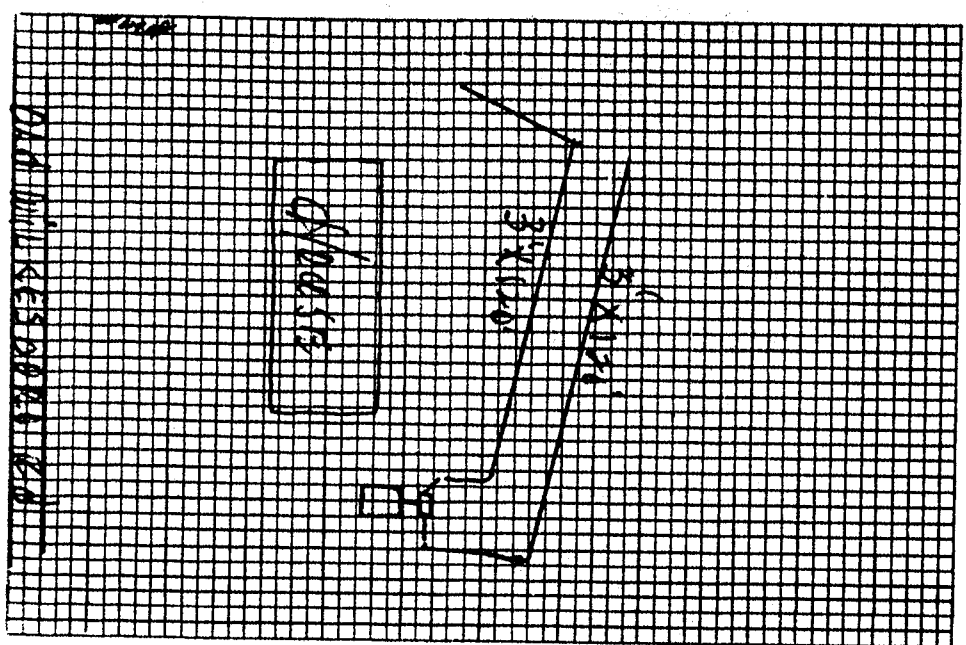
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Class III	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	0.5 gal by trapper	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Oberon	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area 28,000



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12

Water Supply: Individual ( )
Public ( )

Installed by Eddie Yount & Son

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox Jr DATE 3/27/84

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