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 Carolyn Henderson DATE 7-7-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Museum Rd TL on Chestnut St. 5th house on L 422 Chestnut St. S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Cecil Clay loam

Percolation Rate 15 gal/sq'/day

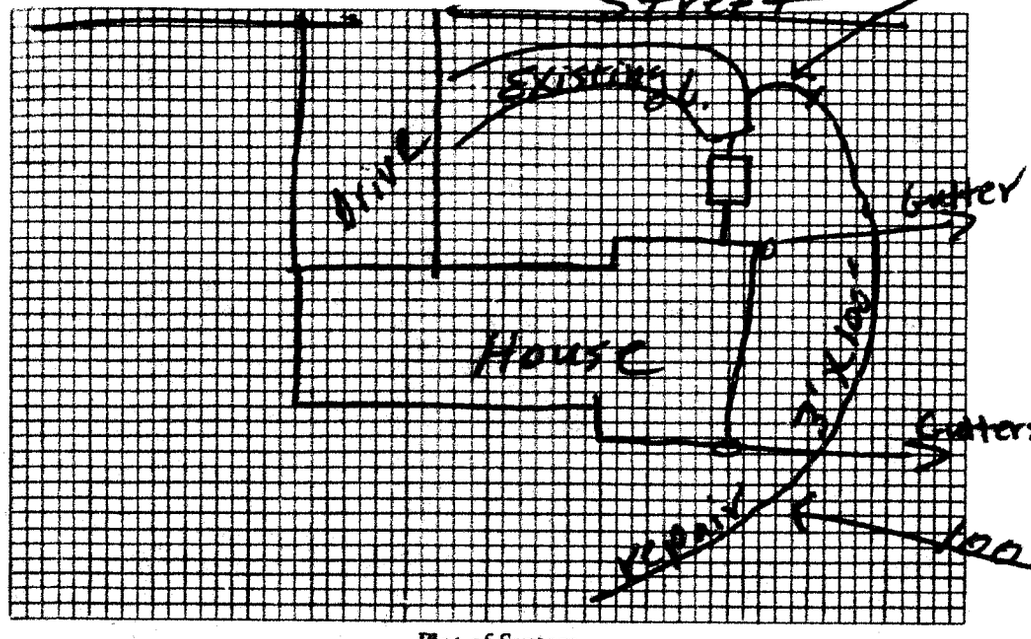
Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Coleman Galliher

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: Landscape & Pipe Gutters so that surface water will not stand over tank or lines.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 7-7-81

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