IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13961

OWNER OR CONTRACTOR DENNIS A. JORDAN DATE 1/22/92 PERMIT NO. 10F-1-A-37

PHONE: Business _____ Home _____

LOCATION US 21 N, TR S. CHIPLEY FORD ROAD, TL CROSSWHITE, AT END STRAIGHT ACROSS HARRIETT LN. S. R. No. 1961

SUBDIVISION NAME CHIPLEY PARK LOT NO. 37 SECTION OR BLOCK NO. _____

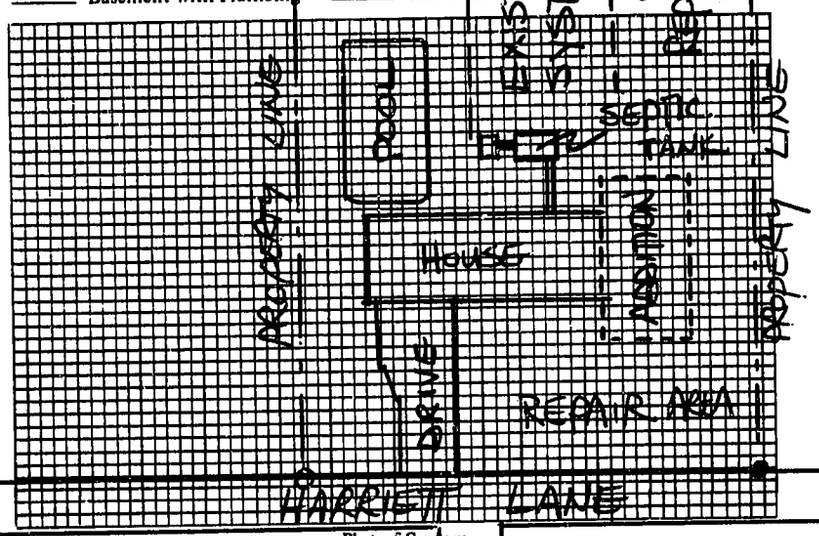
House (✓) Mobile Home ( ) Business ( ) Other REMODELING W/NO ADDITIONAL BEDROOMS

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area AMPLE

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations EXISTING

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank EXISTING Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by _____

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: (1) KEEP BASEMENT MINIMUM 15' FROM SYSTEM, SINGLE FLOOR 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEDRICK DATE 1/22/92

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