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 Pete Scott

PHONE: Business _____ Home _____ DATE 1-9-84 PERMIT NO. _____

LOCATION Chipley Ford Rd Past Fourth creek 1/4 mi on R

SUBDIVISION NAME Clearview Acres LOT NO. 27 S. R. 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 ( )

Lot Area 107' X 200'

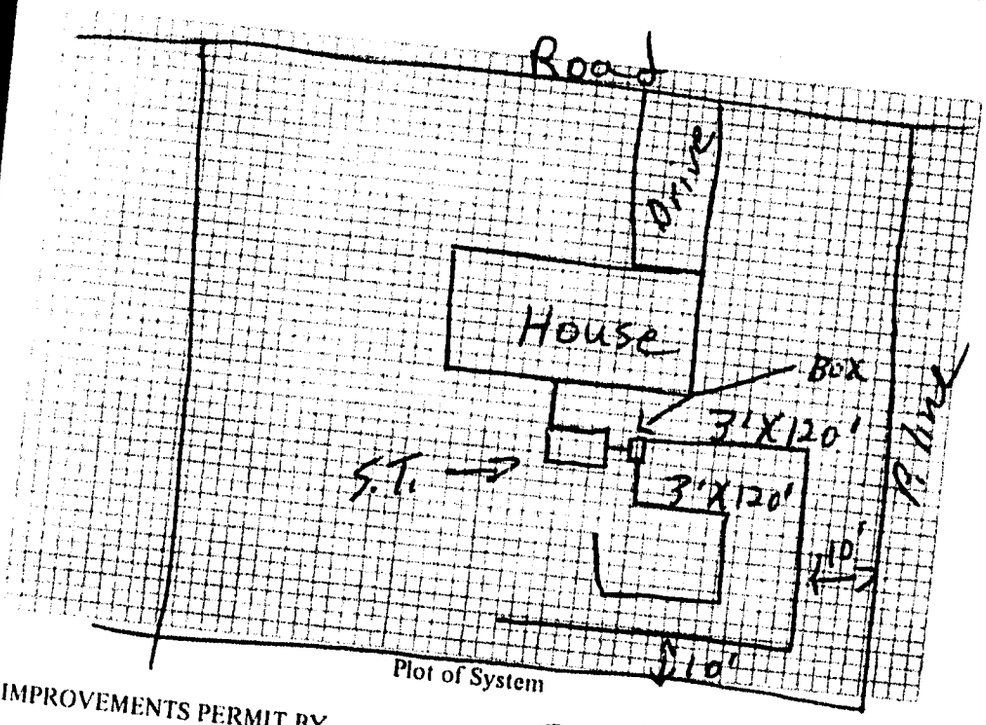
Character & Porosity of Soil Clay loam

Percolation Rate .5 gal/sq ft/day

Topography 2 to 6%

Depth to Water Table 10'+

Rock or other impervious formations none



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 Elliet David Younts

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: L. C. Moore

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: L. C. Moore DATE 1-9-84

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. DATE _____

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