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 James Webb DATE 5-4-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N ~ TR on SR 1907 (Chipley Ford Rd) TL on 1943 – TR on SR 1944 (Rowman Rune) last house on left S. R. No. 1944

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

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

No. Bedrooms _____ No. Bathrooms _____

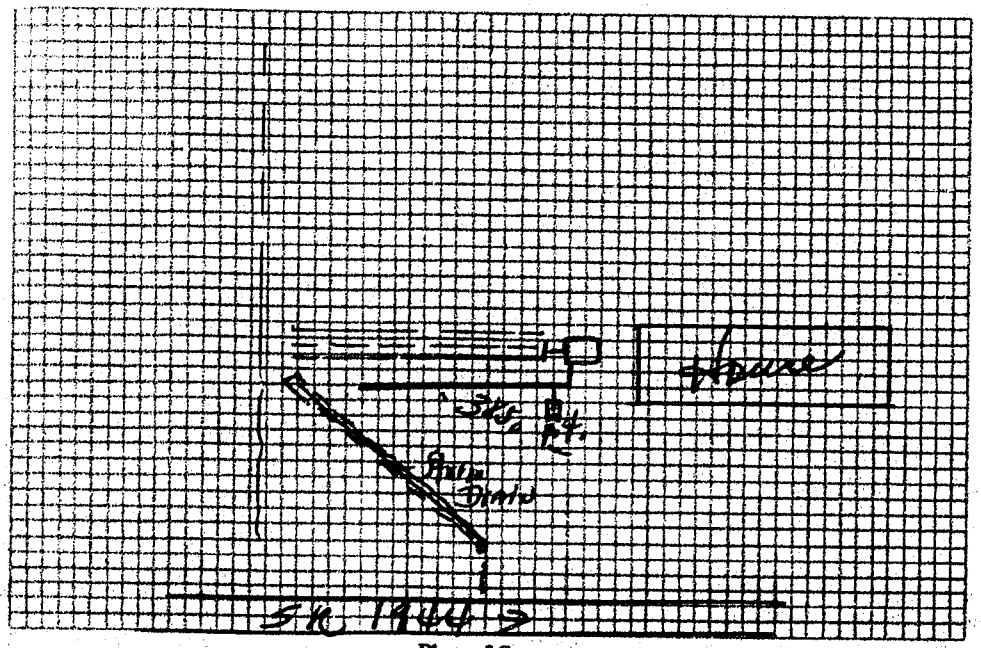
Garbage Disposal Unit	Yes	No	( )
Auto. Dishwasher	Yes	( )	No ( )
Auto. Wash. Machine	Yes	( )	No ( )
Site Suitable	Yes	( )	No ( )

Repair

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

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines /
Sq. Ft. 150 Linear Ft. 50
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by AAA Enterprises

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Storm drain from SR 1944 diverted away from drainfield

CERTIFICATE OF COMPLETION BY _____ DATE 5/4-83

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