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 Warrick DATE 7-18-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Chipley Ford Rd TR on viewmont ct, at end on R. S. R. No. _____

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

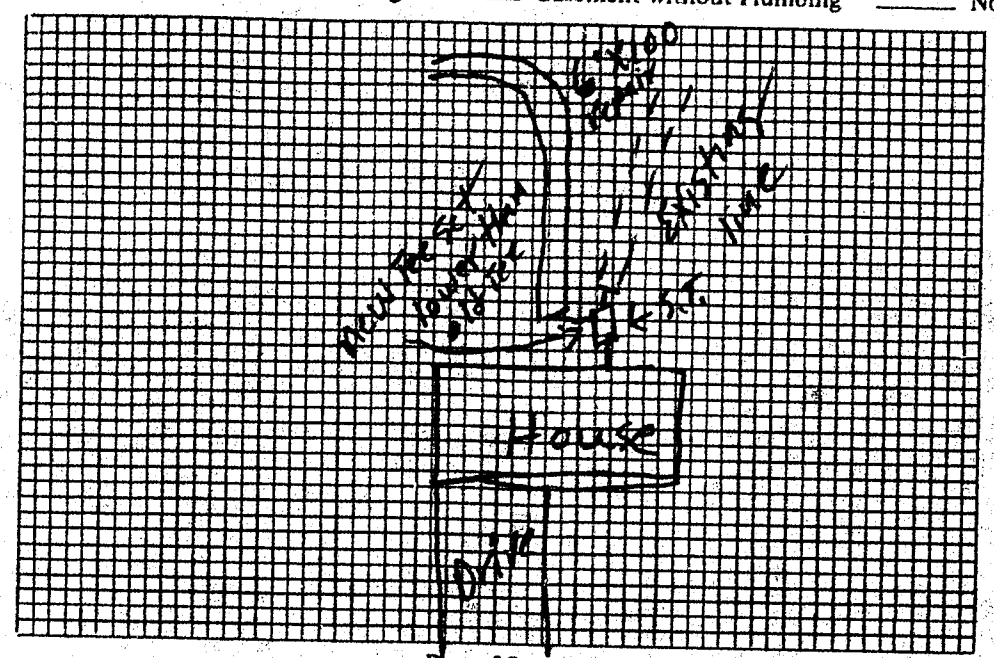
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	.5 gal 35 to 1 Hour
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 6%
Site Suitable	Yes ( )	No ( )	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 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12 to 15"

Water Supply: Individual ( )
Public (✓)

Installed by James Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 7-18-83

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