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 Ralph Porter DATE 11-12-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Chipley Ford Rd Turn R on Porter St 1/2 town on R S. R. No. _____

SUBDIVISION NAME Pressley Acres LOT NO. 34 SECTION OR BLOCK NO. _____

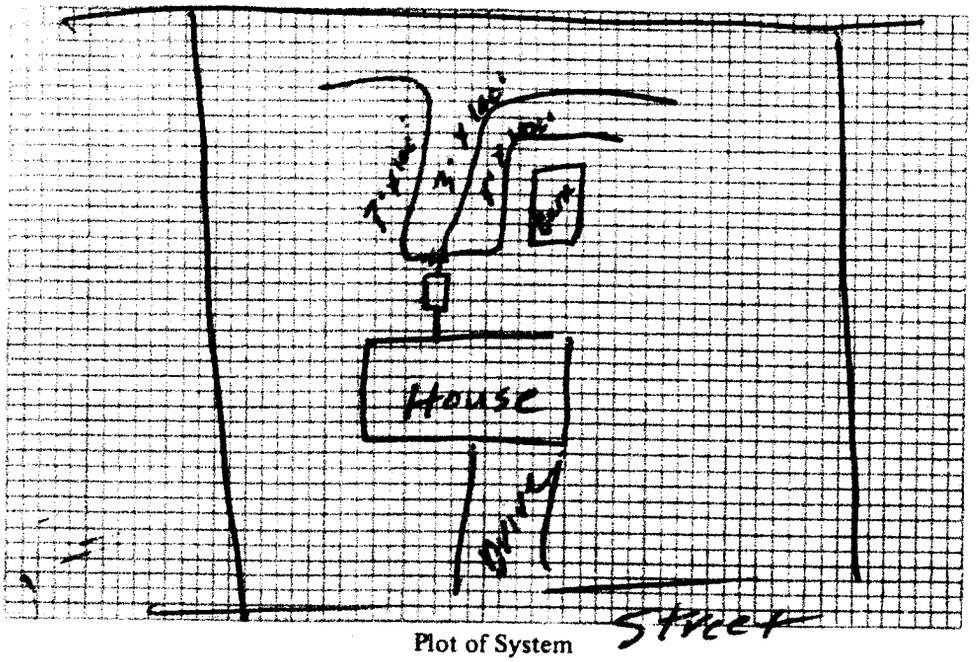
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1 1/2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	1 5gal 15g	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 TO 10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'±	
			Rock or other impervious formations	None	

Lot Area 1/2 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Install drain + pipe outlet so that surface water will not stand over Tank or lines.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 11-12-80
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