10246.

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 HAROLD COLEMAN DATE 8-8-89 PERMIT NO. C 15

PHONE: Business _____ Home _____

LOCATION Hwy 25-T to Perry Rd. - MH behind house on left ½ mi. before Dist. of Amity Rd.

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

SECTION OR BLOCK NO. _____

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

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 7.4 acres

Character & Porosity of Soil Loam Suitable

Percolation Rate 1 in 1 min 40 sec

Topography 2-10%

Depth to Water Table 10' +

Rock or other impervious formations None Observed

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

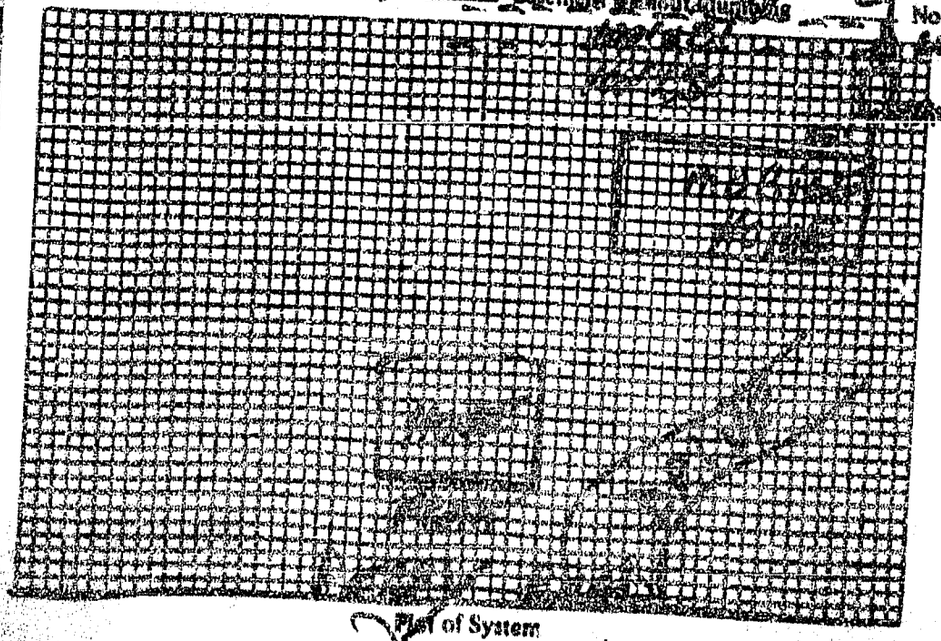
No. of Lines 3

Sq. Ft. 930 Lines Ft. 310

Depth of Stone in Lines 12

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by James Hudler

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

Signed: _____

IMPROVEMENTS PERMIT BY Dave Weaver

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Dave Weaver

EXISTING SYSTEM CHECKED BY: _____ DATE 8-5-97

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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