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 Richard Edmiston DATE 12-9-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 S TL on Amity Hill Rd 2mi on L

S. R. No. _____

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

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

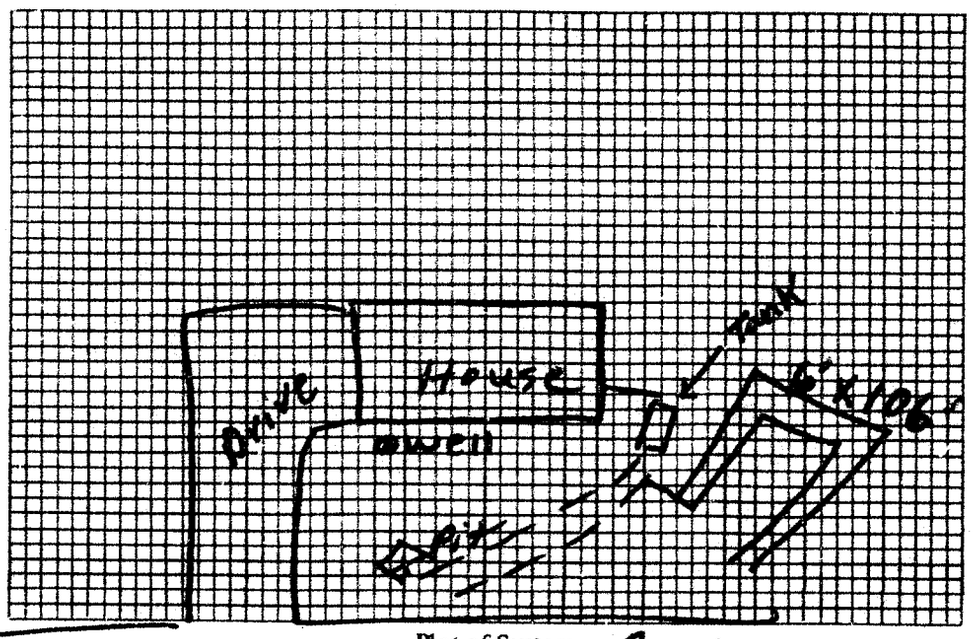
No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Cecil, Sandy Clay
Percolation Rate 1 6 gal 15s
Topography 2 to 6 %
Depth to Water Table 10'+
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System Road

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 636 Linear Ft. 212
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Oswalt

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: landscape & pipe Gutters so that surface water will not stand over Tank or lines.

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 12-9-80

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