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 Homer owens DATE 2-21-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E. TR on Barkley Rd on R before end of Rd S. R. No. _____

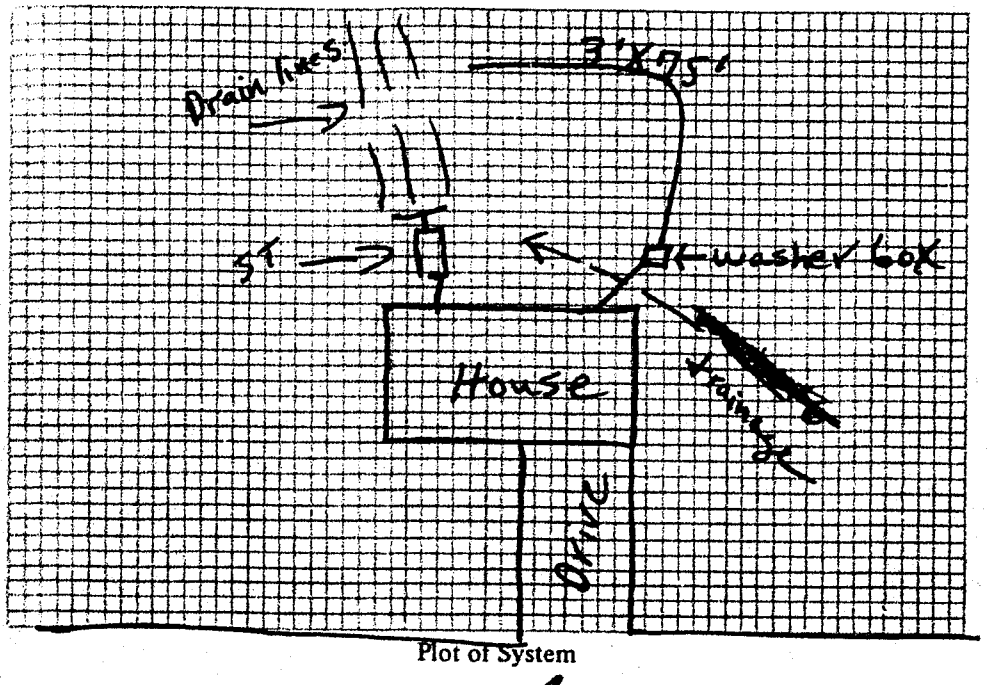
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other system for washer

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil Cecil Clay
Percolation Rate 1 5 gal 55' 1 days
Topography 2+ to 6+ %
Depth to Water Table 10'+
Rock or other impervious formations none

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 75 gal washer Gals. Box
Nitrification Field:
No. of Lines 1
Sq. Ft. 225 Linear Ft. 75
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by Paul Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. moore

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

CERTIFICATE OF COMPLETION BY L. C. moore DATE 2-21-83

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