# 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 Larry Jordan DATE 6-22-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Nixon Rd Turn on Cooper Farm Rd land on left out in woods 1st Trail on left from Nixon Rd S. R. No. _____

SUBDIVISION NAME _____ LOT 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 ( )

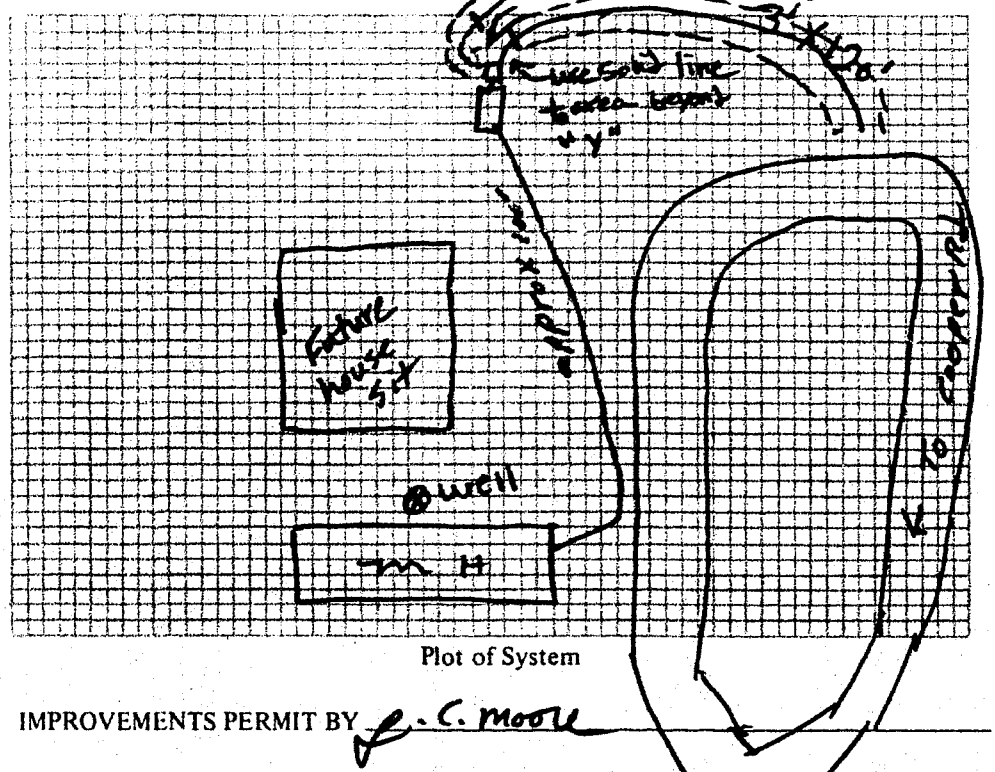
Character & Porosity of Soil Clay loam
Percolation Rate 15 gal/sq ft/day
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 10 acres

_____ Basement with Plumbing _____ Basement without Plumbing No Basement

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by OWNER Larry Jordan

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

Signed: _____

IMPROVEMENTS PERMIT BY C. C. Moore

COMMENTS: lines should be separated at box + feet upper line 1/4" before lower line

CERTIFICATE OF COMPLETION BY C. C. Moore DATE _____

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