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 Betty Williams DATE 9/7/87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N, Lf on Shoemaker, ½ mile on Lf S. R. No. _____

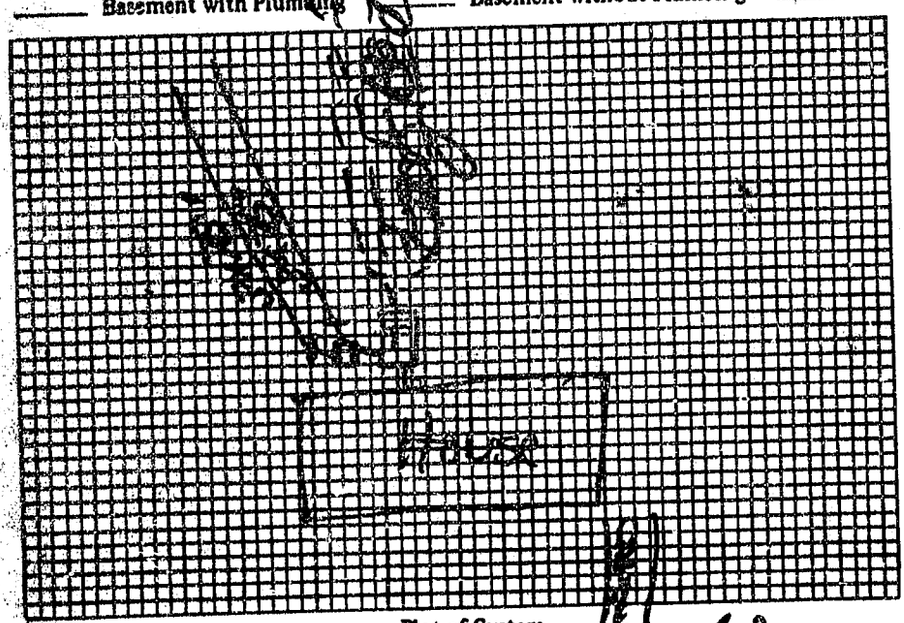
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 Clyey
Percolation Rate _____
Topography Level
Depth to Water Table 4ft
Rock or other impervious formations None Noted

Lot Area _____
_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Exist Gals.
Nitrification Field:
No. of Lines 2 @ 150
Sq. Ft. 450 Linear Ft. _____
Depth of Stone in Lines 12
Water Supply: Individual ( )
Public (✓)

Installed by James Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY C. Moore RS

COMMENTS: Second Tee instead of Bull Valve inspected and approved by RS. Landscapy not complete at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE 9/15/87

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