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 Ricky Campbell DATE 6-19-86 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION 220 E. Wilson Dr.

SUBDIVISION NAME Forest Heights ____ S. R. No. ____ LOT NO. ____ SECTION OR BLOCK NO. ____

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

No. Bedrooms ____ No. Bathrooms ____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Repair

Lot Area ____

Character & Porosity of Soil ____

Percolation Rate ____

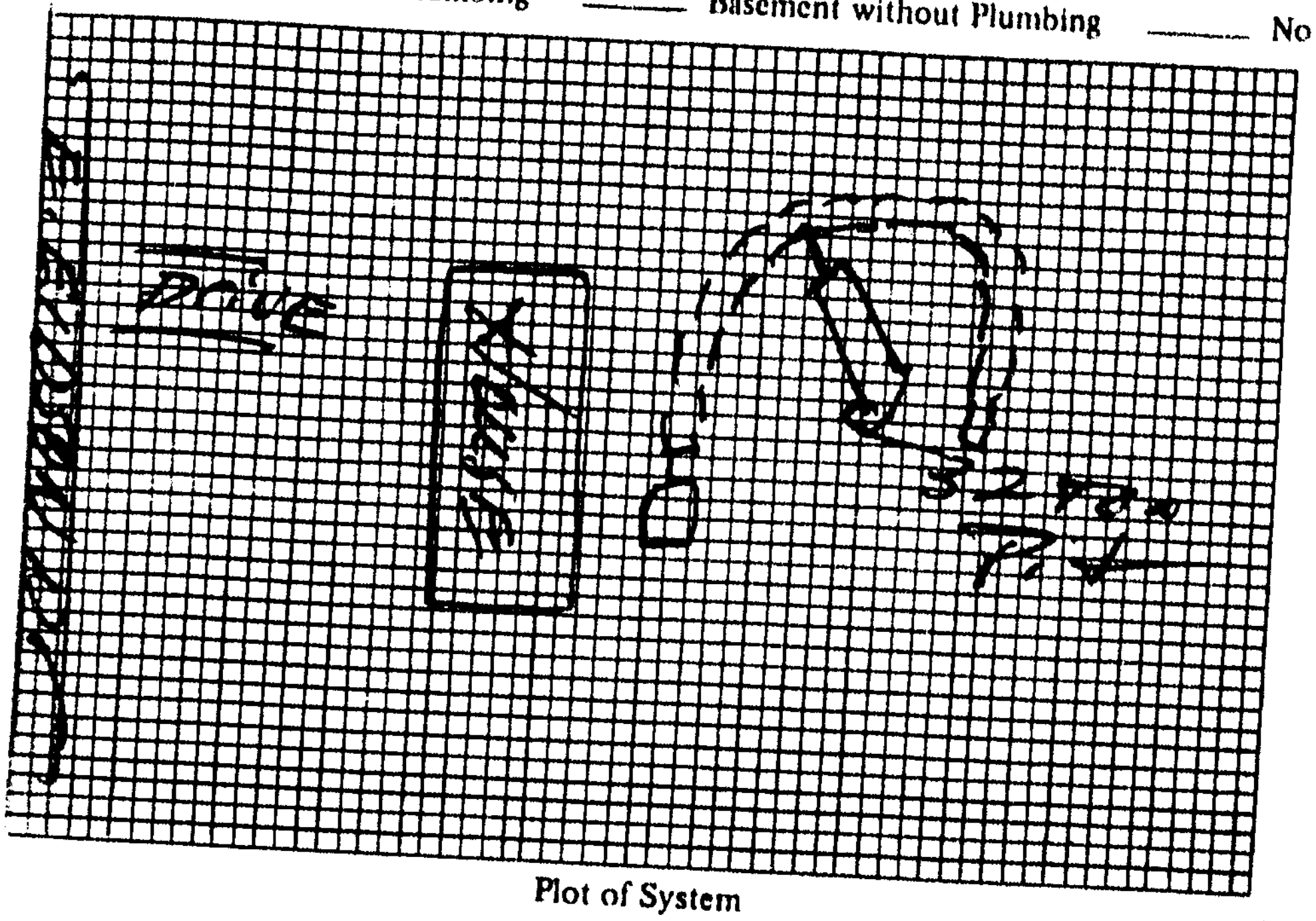
Topography ____

Depth to Water Table ____

Rock or other impervious formations ____

Existing

____ Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field: Existing

No. of Lines 1

Sq. Ft. ____ Linear Ft. 30

Depth of Stone in Lines 32

Water Supply: Individual ( ) Public ( )

Installed by AAA Enterprises

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

Signed: ____

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY [signature]

EXISTING SYSTEM CHECKED BY: ____ DATE 6/19/86

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