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 J. Carl Chambers DATE 1-20-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N TR on Jane Sower 1st Rd TL 3rd House on R S. R. No. _____

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

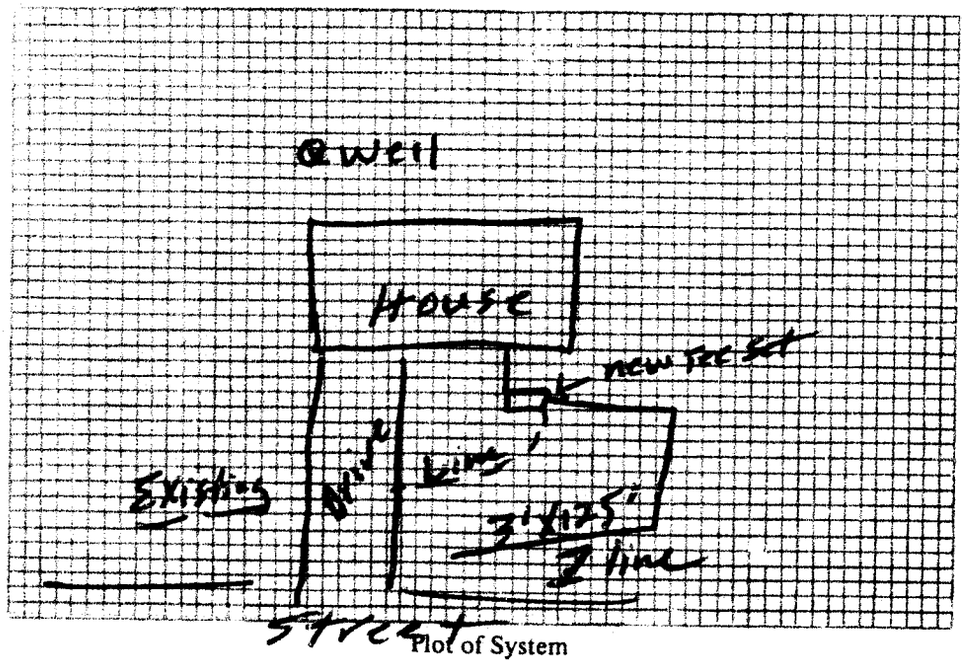
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Cecil clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	1 bpf / 5 min
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 6 %
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field: 1
No. of Lines _____
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 16"
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 J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 1-20-81

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