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 Joe Jolly - Barry Henderson DATE 6-29-16 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Road 1913 3rd Farm on Rd

S. R. No. 1913

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

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

No. Bedrooms 4 No. Bathrooms _____

Garbage Disposal Unit	Repair	Yes	( )	No ( )
Auto. Dishwasher		Yes	( )	No ( )
Auto. Wash. Machine		Yes	( )	No ( )
Site Suitable		Yes	( )	No ( )

Lot Area _____

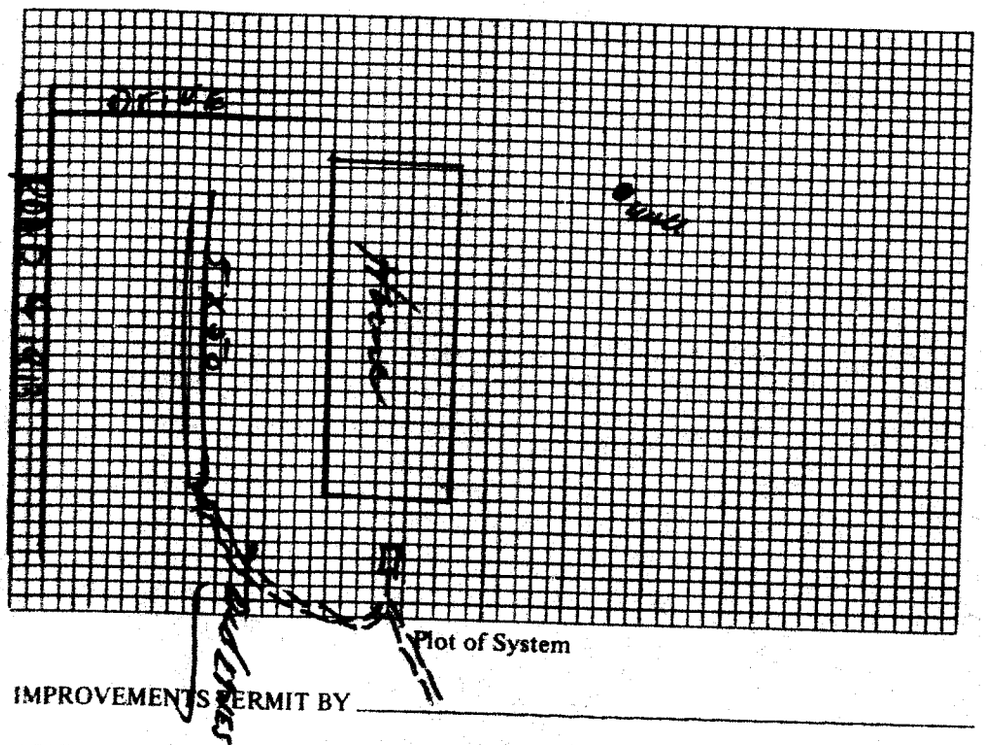
Character & Porosity of Soil _____

Percolation Rate _____

Topography Repair

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 250 Linear Ft. 100

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Barry Rep

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/29/16

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold