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 Kent McDaniel DATE 2-6-97 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Leaving Ill N to Charlie TL on Twinbrook Rd on (L) 1st grav. 1/2 mile. Then on left S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area over ½

Character & Porosity of Soil Red Clay

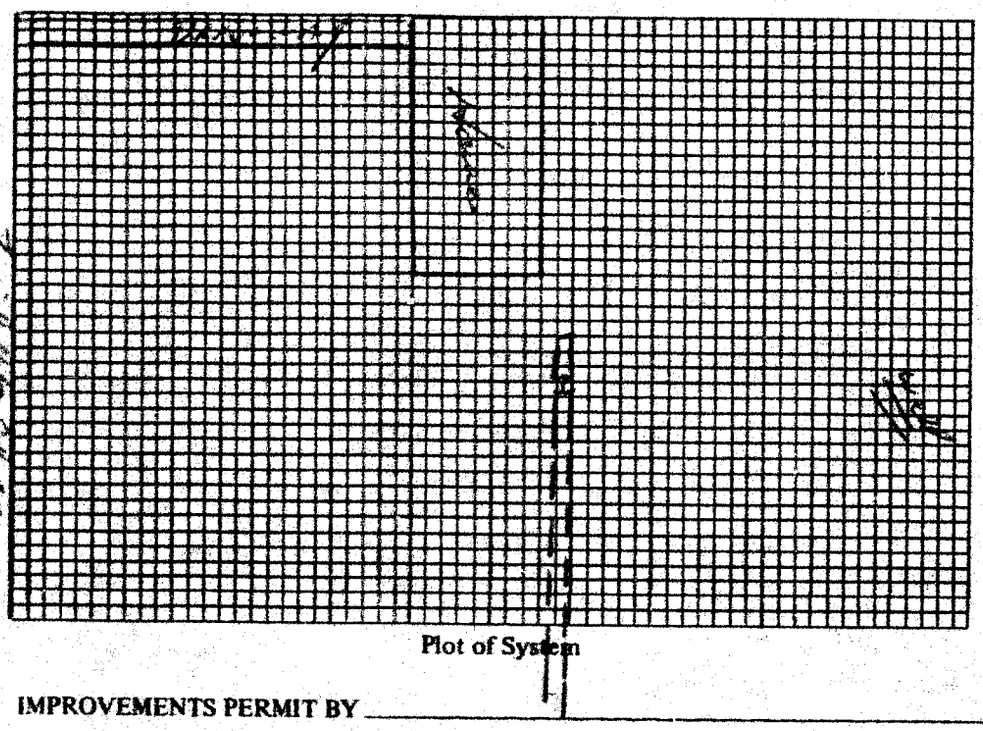
Percolation Rate over

Topography 2-6% slope

Depth to Water Table 4'

Rock or other impervious formations 4'

Existing Syster



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. ext Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public ( )

Installed by Ky Lutz

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing Syster - Inspecting property at present time. If syster gives trouble it will be upgraded to specifications of Health Dept. Tanks behind house to be move.

CERTIFICATE OF COMPLETION BY W. M. Tolbert DATE _____

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