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 Blaine Ramsey DATE 12-20-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 170E TR on Keller Rd before St Pauls ch. house on left at end. S. R. No. _____

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

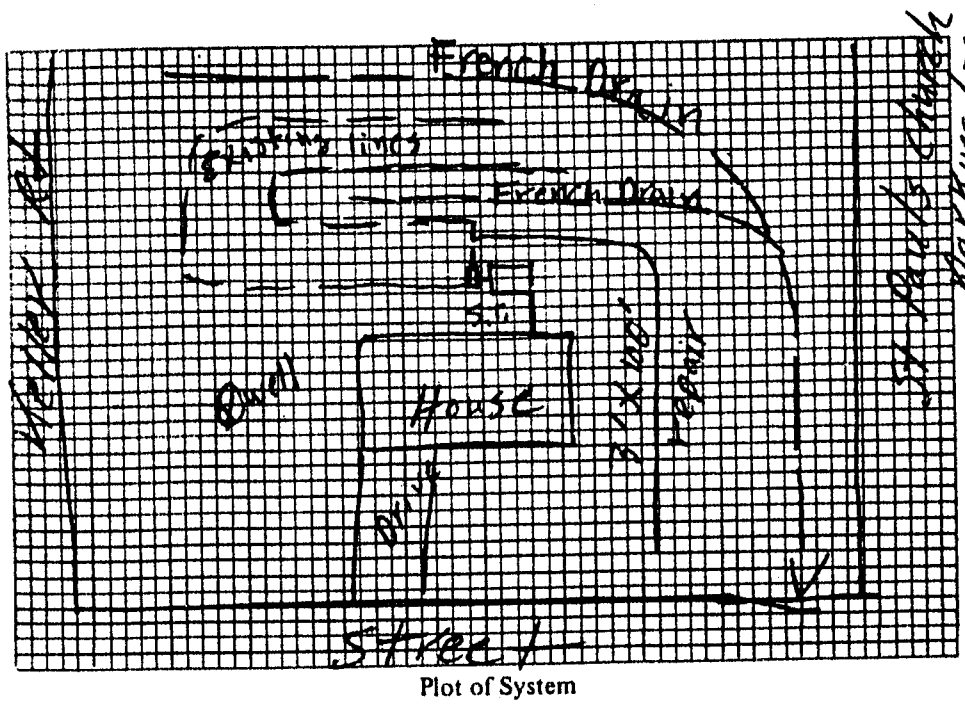
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Clay Class IV-A
Percolation Rate .4
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 700 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )
+ French Drain around system.
Installed by J.C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: Existing line works first then spills over to repair line.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 12-20-83

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