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 Garner Smith DATE 1-16-90 PERMIT NO. _____

PHONE: Business _____ Home _____ S. R. No. _____

LOCATION 209 S. Tovia Dr.

LOT NO. _____ SECTION OR BLOCK NO. _____

SUBDIVISION NAME _____

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

Character & Porosity of Soil Clayey

Percolation Rate 2 in 120

Topography Lot

Depth to Water Table 10'+

Rock or other impervious formations None

Lot Size _____ No Basement

_____ Basement with Plumbing _____ Basement without Plumbing

Size of Tank Existing Gals.

Nitrification Field:

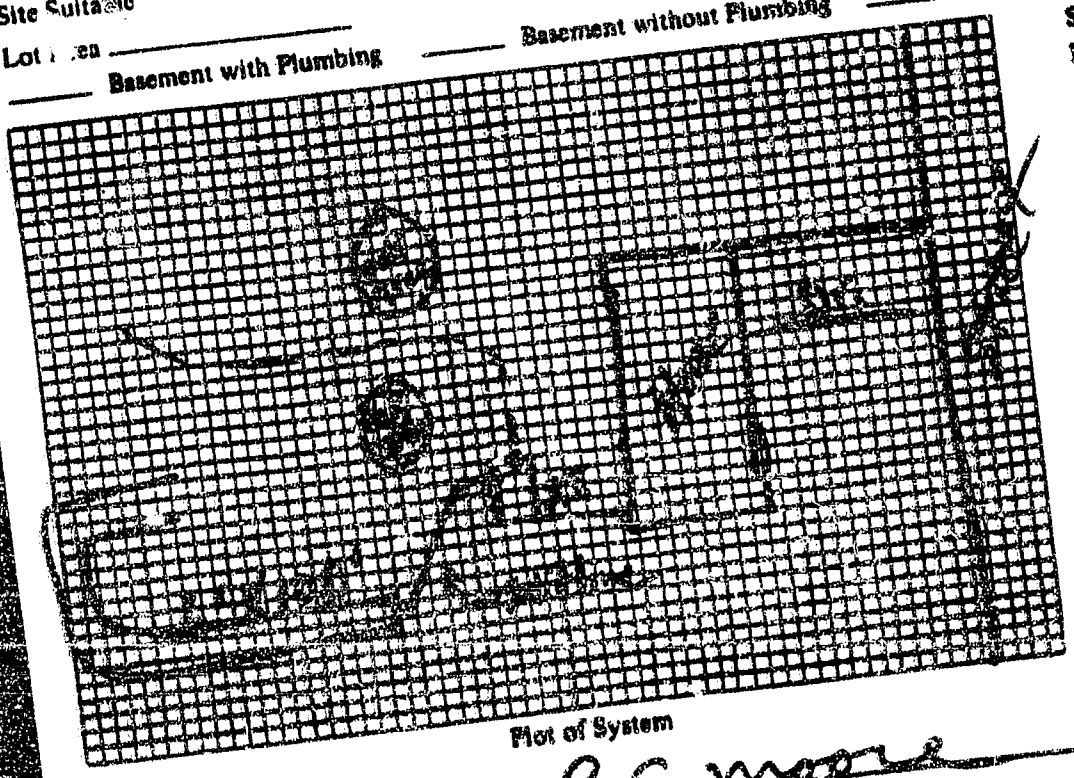
No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public ( )



Plot of System

Installed by Sammy Bevis

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: Landscape & Pipe Gutters So that surface water will not stand over Septic Tank System

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 2-2-90

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