IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

2½ 450

OWNER OR CONTRACTOR Carlee Brown DATE 6-17-25 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 118 King ST

S. R. No. _____

SUBDIVISION NAME King ST LOT NO. #26 SECTION OR BLOCK NO. _____

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

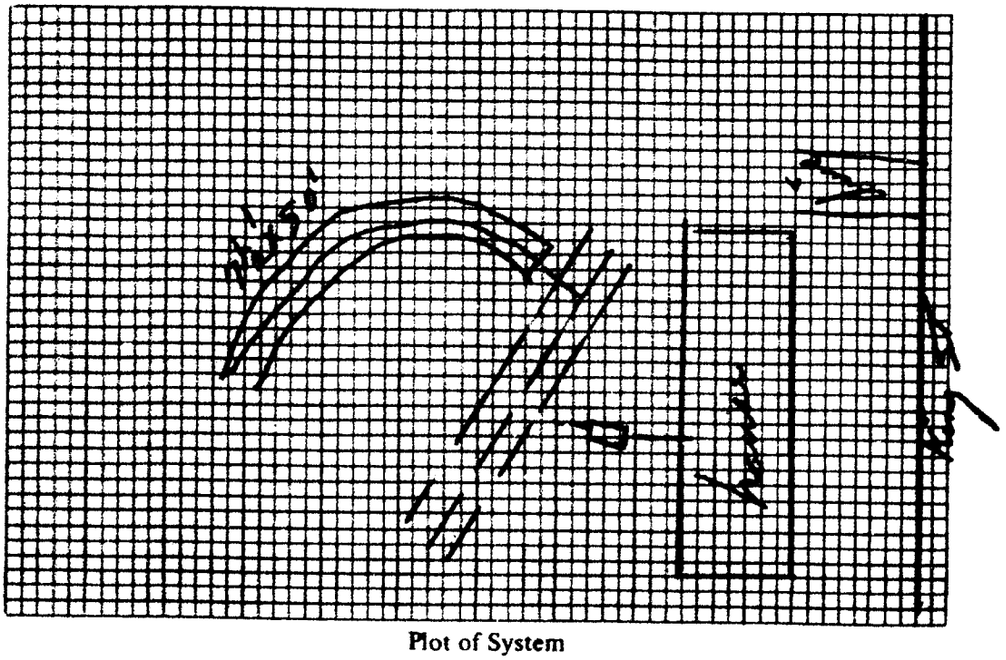
No. Bedrooms _____ No. Bathrooms –

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

Repair

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 county Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 375 Linear Ft. 150
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Adams Septic Tank

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Campy DATE 6/12/25

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