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 Charles Corry DATE 8-21-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Twin Oaks Rd, T.L. before Animal Shelter, 2nd Lot on left.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Double Wide

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 4 acres

Character & Porosity of Soil Cecil & appling clay

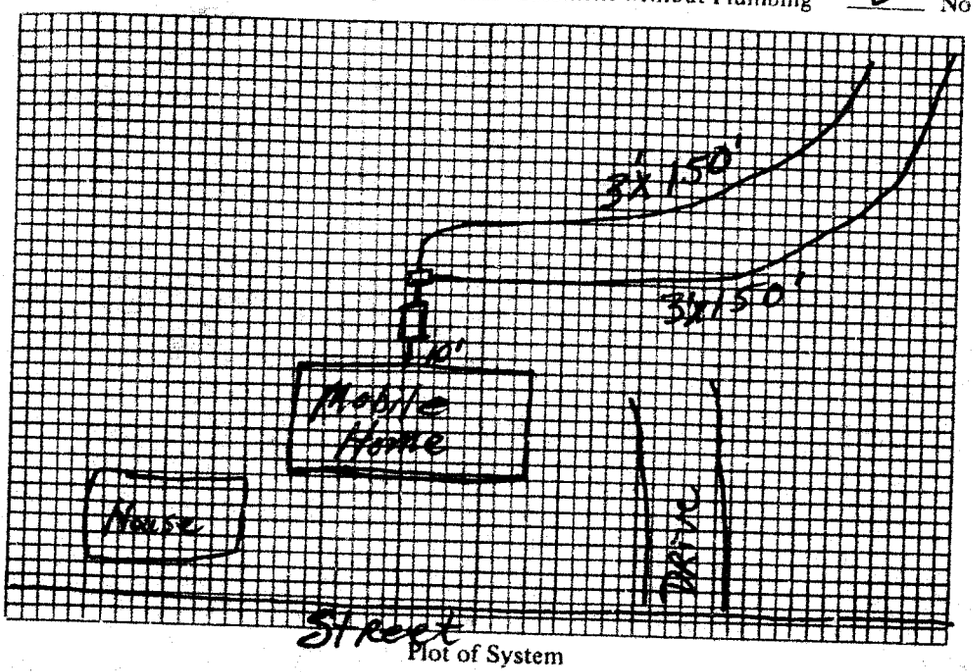
Percolation Rate 0.5 gal/ft²/da

Topography 2 to 6% Slope

Depth to Water Table 10'+

Rock or other impervious formations none

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Culbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY J. G. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Leroy L Pierce

EXISTING SYSTEM CHECKED BY: _____ DATE 8-21-81

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