## 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 K+H const. DATE 8-27-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Broad St. Cross Creek TL on East Iredell Drive TR on East Brook in circle on R. S. R. No. _____

SUBDIVISION NAME East Brook LOT NO. 10 SECTION OR BLOCK NO. _____

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

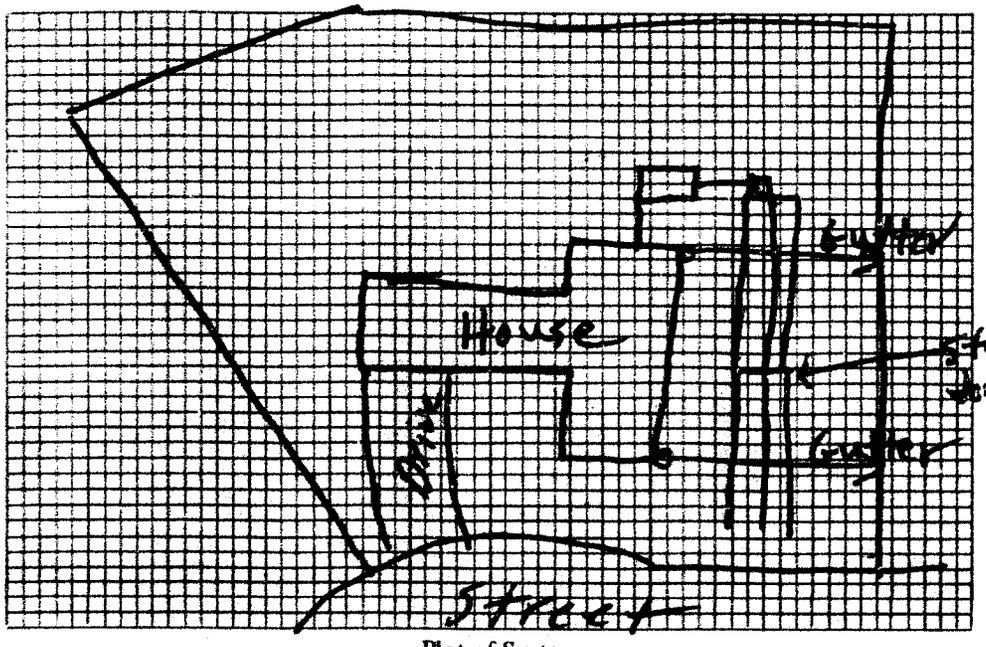
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil Clay
Percolation Rate 8 to 100
Topography 2 to 10%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 1/2 acre

_____ Basement with Plumbing ___✓___ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"+
Water Supply: Individual ( )
Public (✓)

Installed by Paul Frye

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. moore

COMMENTS: landscape + pipe Gutters so that surface water will not stand over Tank or lines

CERTIFICATE OF COMPLETION BY R. C. moore DATE 8-27-80

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