# 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 Debbie o'conner DATE 10-1-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Brookview MHP lot 35

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ 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 ( ) |

Lot Area _____

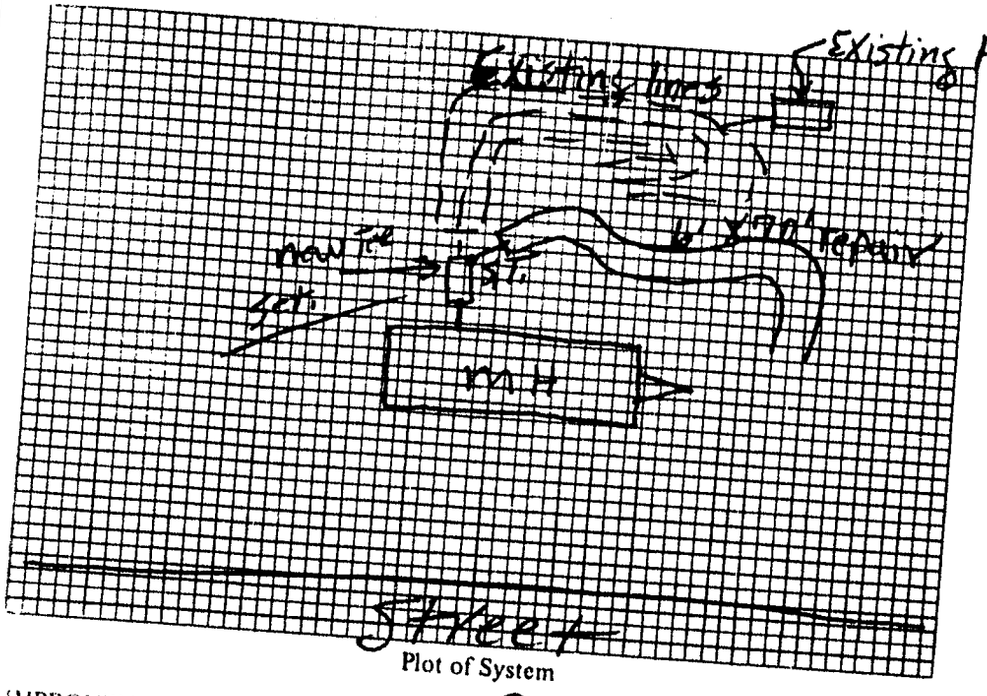
Character & Porosity of Soil Clay

Percolation Rate 45 sec/55" 1 hour

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 2

Sq. Ft. 420 Linear Ft. 140

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public ( ✓ )

Installed by J.C. Forsyth

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: L. C. Moore DATE 11-1-83

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.

DATE _____

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold