# 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 William Kilpatrick DATE 5-18-88 PERMIT NO.

PHONE: Business Home

LOCATION 21 N 3rd Hse on rt Past Dunlap Gate
Rt 2 S. R. No.

SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

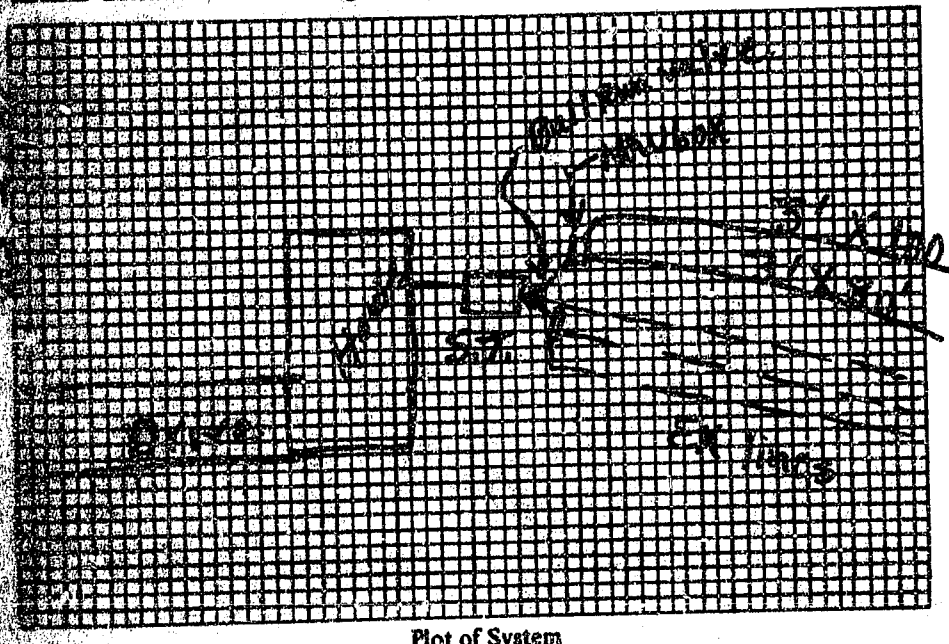
No. Bedrooms No. Bathrooms

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

Character & Porosity of Soil Clayey
Percolation Rate 3
Topography 2 to 15%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement




Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 540 Linear Ft. 180
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public ( )

Installed by AAA Enterprizes

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

Signed:

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS:

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 5-18-88

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