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 Steve Dowdle DATE 2-26-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 N - TR on SR 1890 Jordan Mill Rd Mobile Home on right ~~Office~~ Behind 3rd House from Siloam Ch S. R. No 1896

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

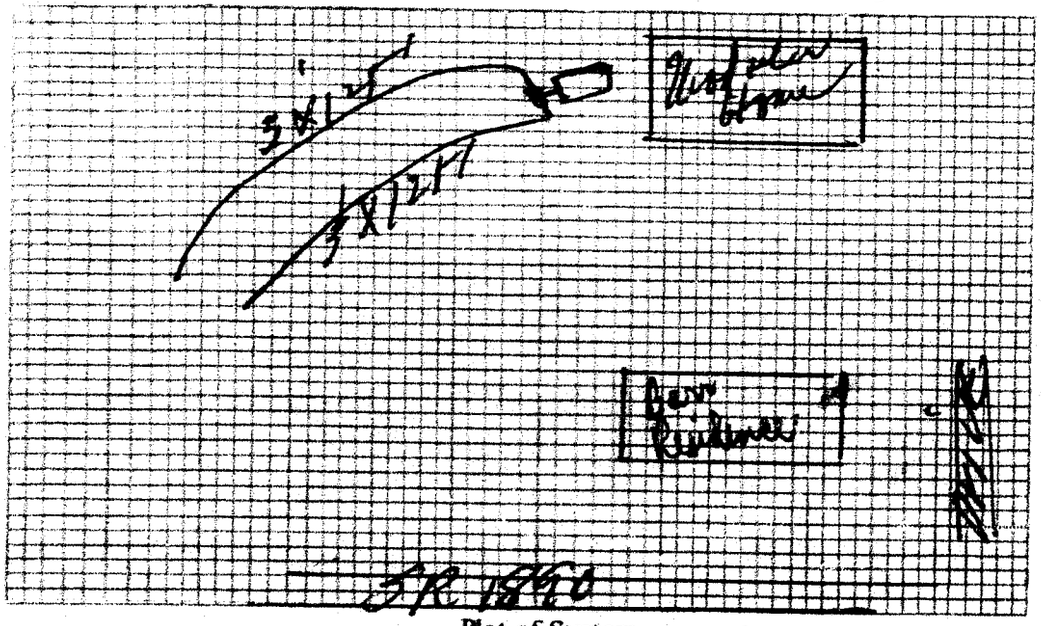
House ( ) Mobile Home (✓) Business ( ) Other _____ Prev. Sanitarian

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'
			Rock or other impervious formations	None

Lot Area 1.29 Acres

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 18"

Water Supply: Individual (✓)
Public ( )

Installed by Odell Gilleland

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Taylor DATE 2/26/82

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