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 Buster Leatherwood DATE 2-14-14 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E - Rt on Bell Rd at Beavers Store - Cross 4th Creek - 1st House on Rt. S. R. No. _____

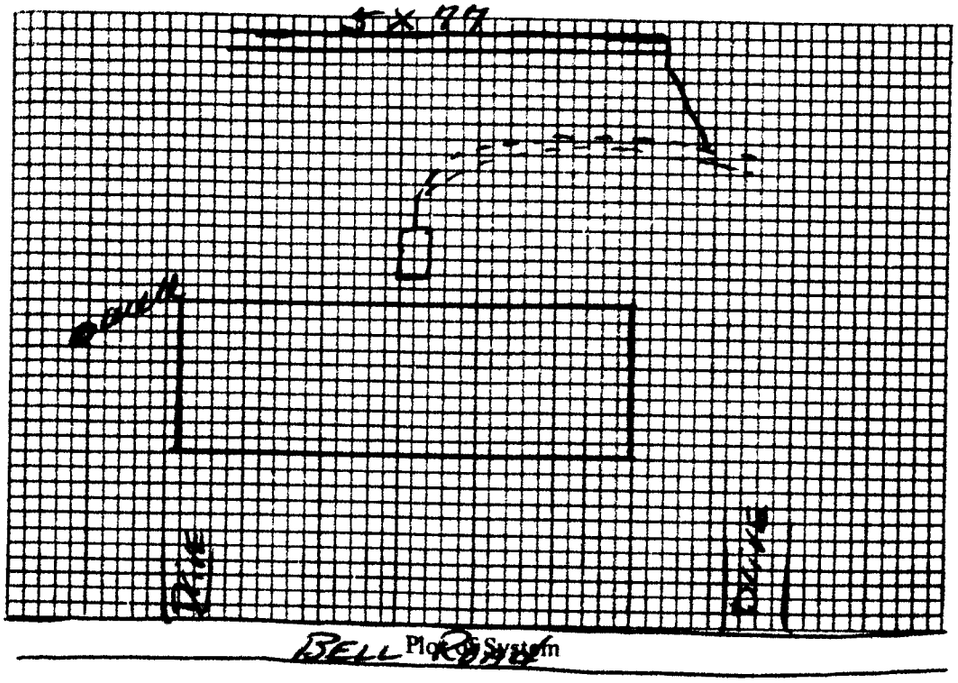
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 Red Clay
Percolation Rate _____
Topography Slope to back
Depth to Water Table _____
Rock or other impervious formations _____

REPAIR — OLD SYSTEM



Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. 245 Linear Ft. 154
Depth of Stone in Lines _____
Water Supply: Individual (•)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 2/14/14

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

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