Statesville

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 Et walton DATE 8-20-91 PERMIT NO. 556-B-9

PHONE: Business _____ Home _____

LOCATION East Broad TR St Andrews TL Glenn Eagle 1/4 mi on left. S. R. No. _____

SUBDIVISION NAME Shannon acres LOT NO. 138 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3 1/2

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 175' X 200'

Character & Porosity of Soil C layers

Percolation Rate 14

Topography 2 to 6 %

Depth to Water Table 10' +

Rock or other impervious formations none

( ) Basement with Plumbing ( ) Basement without Plumbing (✓) No Basement

Size of Tank 1250 Gals.

Nitrification Field:

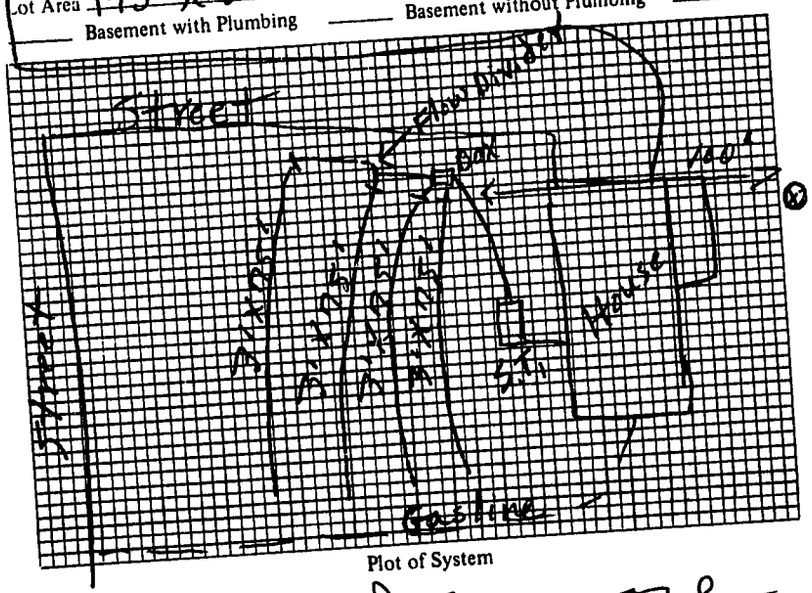
No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by James Hudler

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 8-20-91

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