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 Sherrill Faw DATE 4-18-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E TR on Bell Rd 1/3mi on L

S. R. No. _____

SUBDIVISION NAME Bell Road Property LOT NO. 1 SECTION OR BLOCK NO. _____

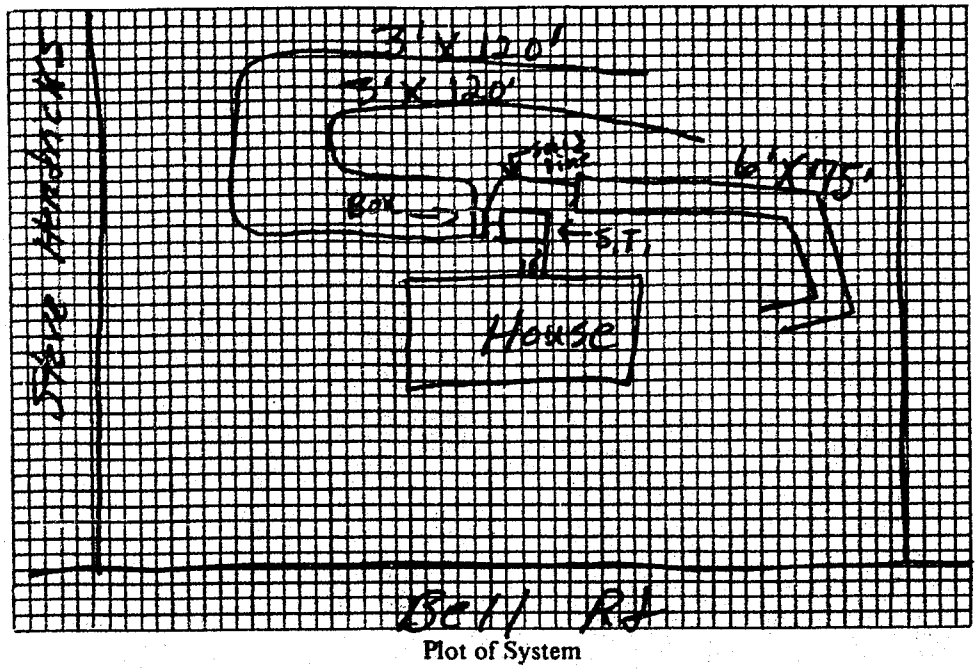
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay / 3gal/sq'/day
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	[redacted]
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 20%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area ½ acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1170 Linear Ft. 390
Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public (✓)

Installed by Sherrill Faw

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: additional line added because of lower application rate a depth first Two lines went in.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 4-18-83

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