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 Gary Lane DATE 9/17/84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mapleleaf Drive.

SUBDIVISION NAME Cedar Hills LOT NO. 60 S. R. 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 ( )

Lot Area _____

Character & Porosity of Soil Clay

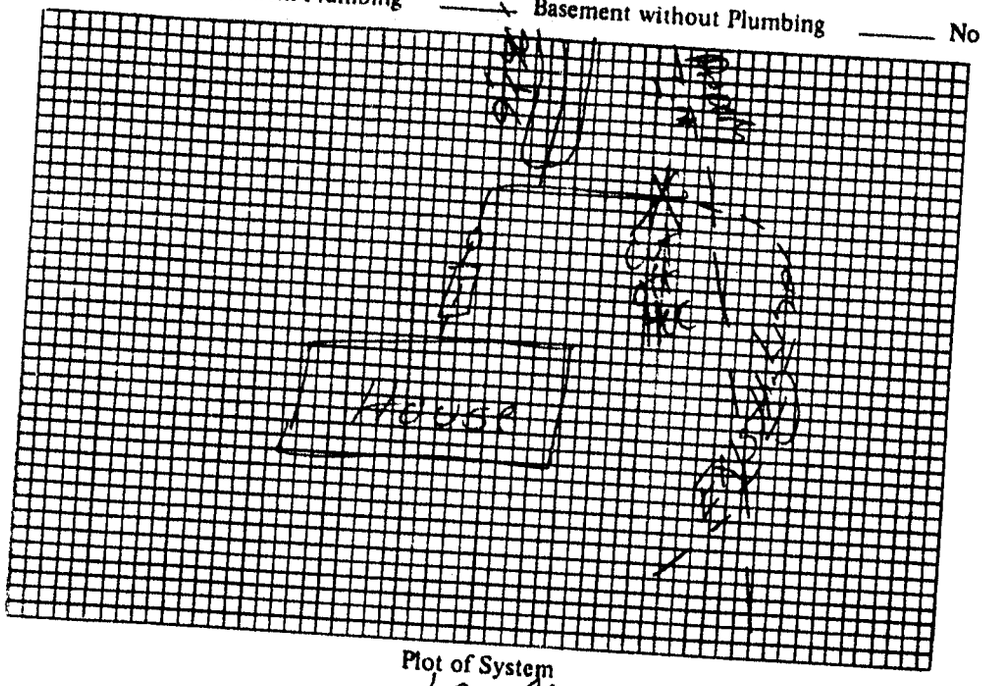
Percolation Rate 7 gal/sq ft/day

Topography 2-6%

Depth to Water Table 10 Ft

Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 414 Linear Ft. 138

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (X)

Installed by AAA Enterprises

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: French Drains not tied in

CERTIFICATE OF COMPLETION BY [signature] RS DATE 9/17/84

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