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 Jeffrey L. Billings DATE 5-24-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2 1/2 N. Three Top Mountain, TL on SR 1845 (Tabor Rd) Mobile Home on Rt. (Tabor Rd) on Rt. S. R. No. 1845

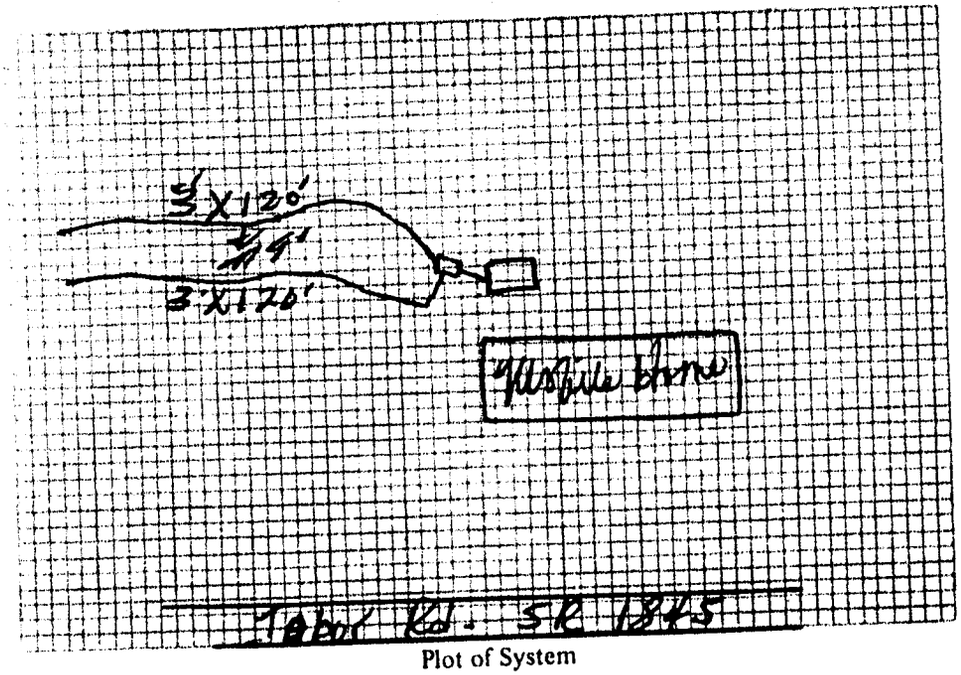
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	2	No. Bathrooms	1		
Garbage Disposal Unit	Yes ( )	No (✓)			
Auto. Dishwasher	Yes ( )	No (✓)			
Auto. Wash. Machine	Yes (✓)	No ( )			
Site Suitable	Yes (✓)	No ( )			

Lot Area 4 acres

Character & Porosity of Soil Cecil - Appr. Suitable
Percolation Rate 4 Sal 24 Hr. Appl.
Topography 2-6% Slope
Depth to Water Table 72"
Rock or other impervious formations Bedrock



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by James Hartness

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Todd DATE 5/24/84

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