1

# 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 Donald Swicegood DATE 8-31-87 PERMIT NO.

PHONE: Business ______ Home ______

LOCATION 70 E TR on Knox Rd 1/8 mi TR ______ S. R. No. ______

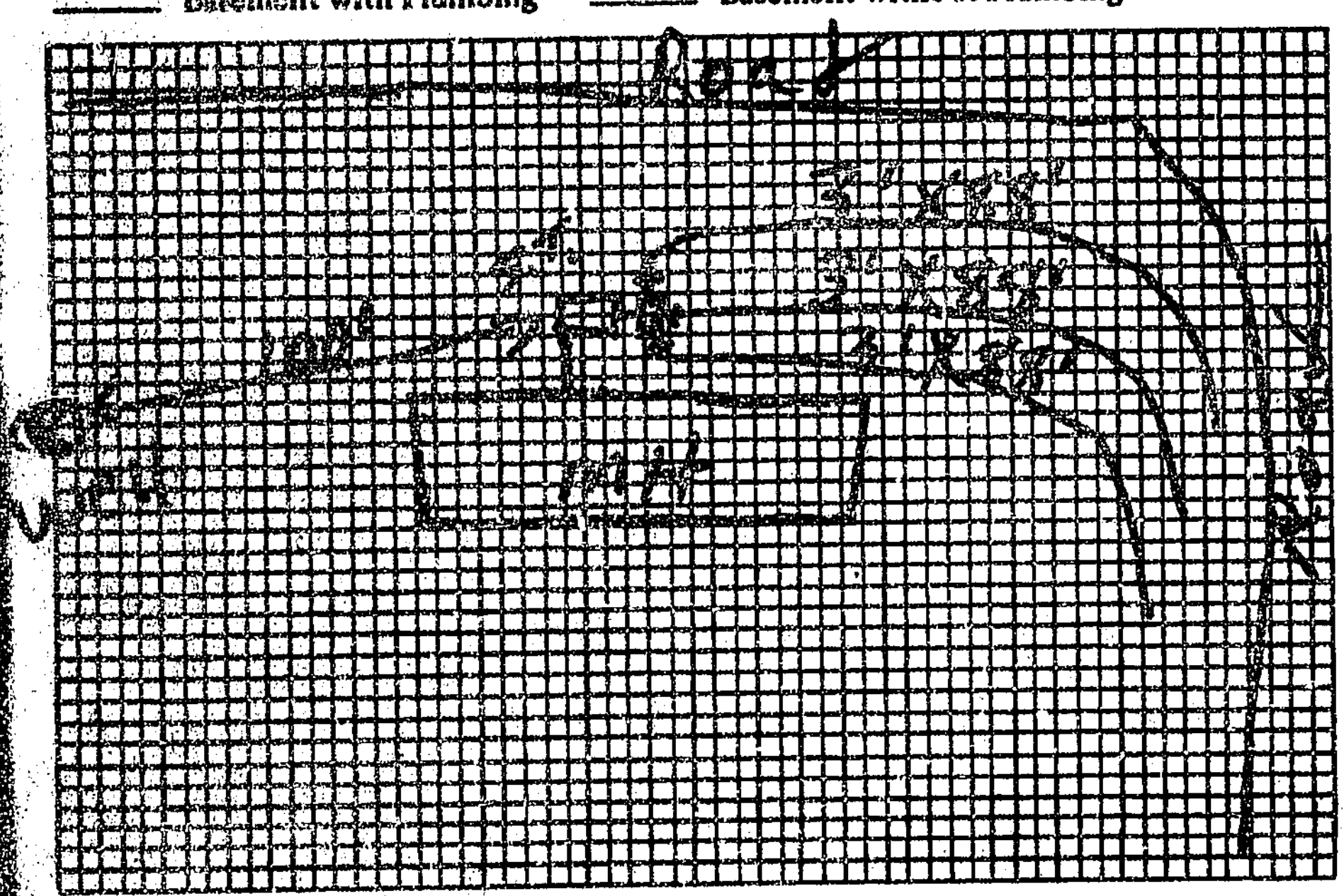
SUBDIVISION NAME Swicegood Property LOT NO. 10 SECTION OR BLOCK NO. ______

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

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

Character & Porosity of Soil Clayey
Percolation Rate 3
Topography 2 to 6%
Depth to Water Table 10
Rock or other impervious formations None

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement




Plot of System

Size of Tank 1000 Gals.
Nitrification Field: 3
No. of Lines 3
Sq. Ft. 800 Linear Ft. 266
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Swicegood

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 8-31-87

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