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 Charlie Swicegood DATE 05-15-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E, TR. on Barry Oak Rd, then T.R. on Elmwood Rd, 0.6 mi on Right S. R. No. _____

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

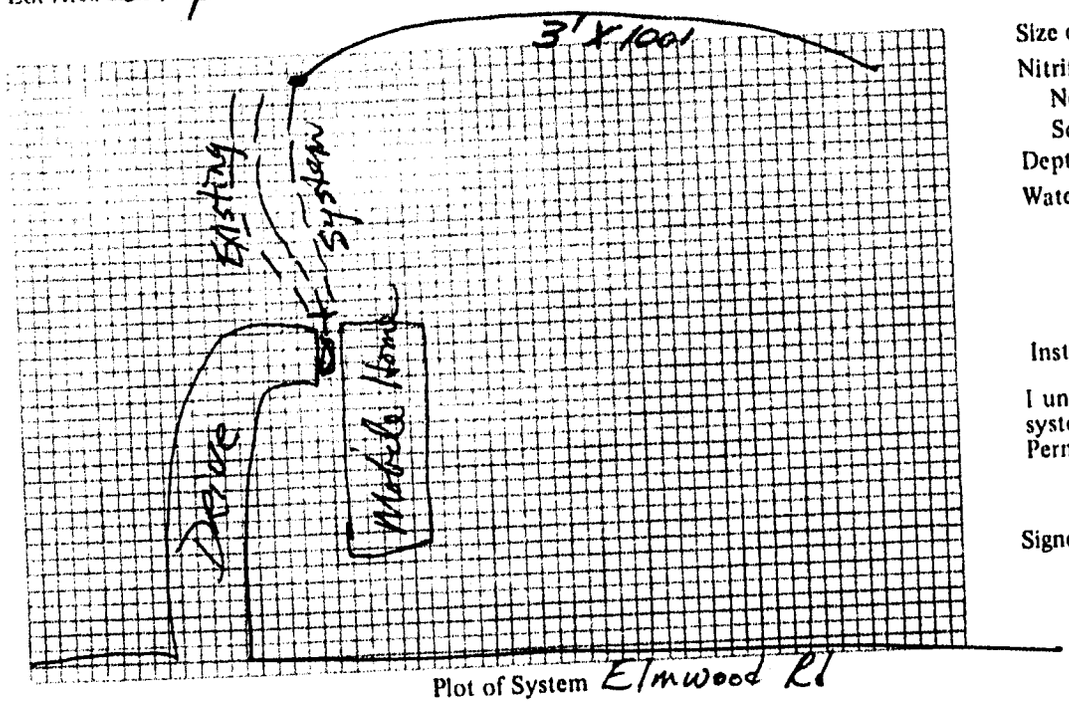
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Character & Porosity of Soil prov. — clay
Percolation Rate 0.2 gal/ft²/day
Topography 2-4% slope
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area Ample



Plot of System Elmwood Rd

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J. C. Backhoe Serv.

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

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: System in shallow (6-12 in) cover -

CERTIFICATE OF COMPLETION BY Jerry L Pierce DATE 05-15-84

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