# 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 Oscar Foote DATE 9-27-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 645 TR on Riverhill Rd TR on Independence Loop At back of Loop

SUBDIVISION NAME _____ S. R. No. _____

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 ( ) |

Lot Area _____

Character & Porosity of Soil Clay

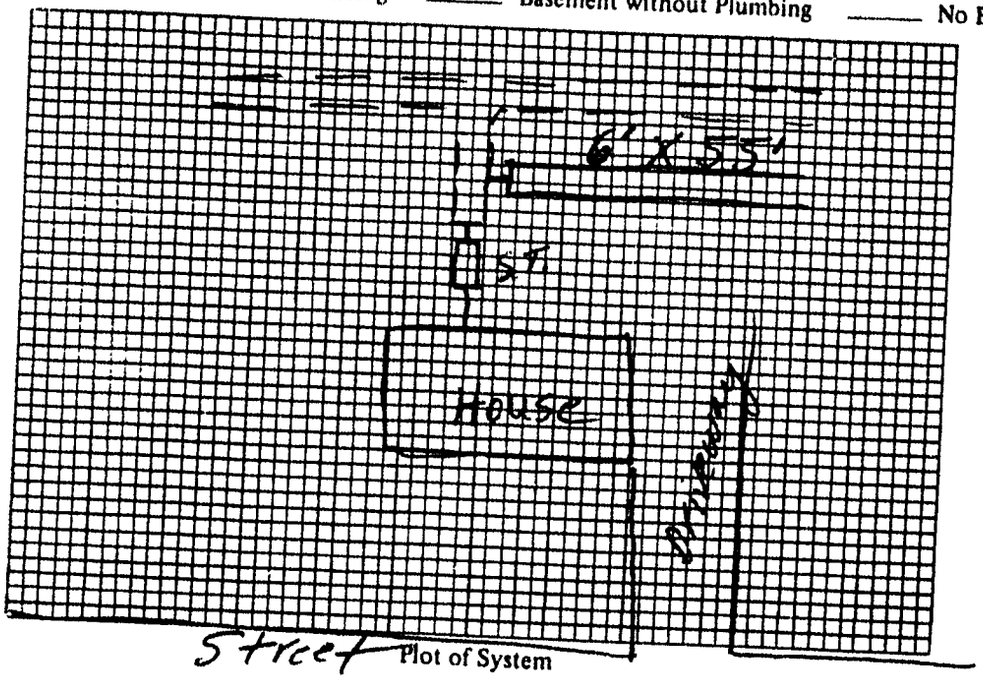
Percolation Rate 1 Hgal/55' Hour

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 Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 330 Linear Ft. 110

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Installed by William Cuthbertson

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

Signed: _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY R. C. Moore

EXISTING SYSTEM CHECKED BY: _____ DATE 9-27-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

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