IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

DATE 5/3/89 PERMIT NO. C8

OWNER OR CONTRACTOR 9717 Eric Speight

PHONE: Business _____ Home _____

LOCATION 2N R Chief Thomas Rd 1st on left S. R. No. _____

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

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

No. Bedrooms 3 (Have in future) No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable

Lot Area 1AC

Character & Porosity of Soil Good Suitable

Percolation Rate 22 & 27

Topography Rolling

Depth to Water Table More

Rock or other impervious formations

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement

Size of Tank 1000 Gals.

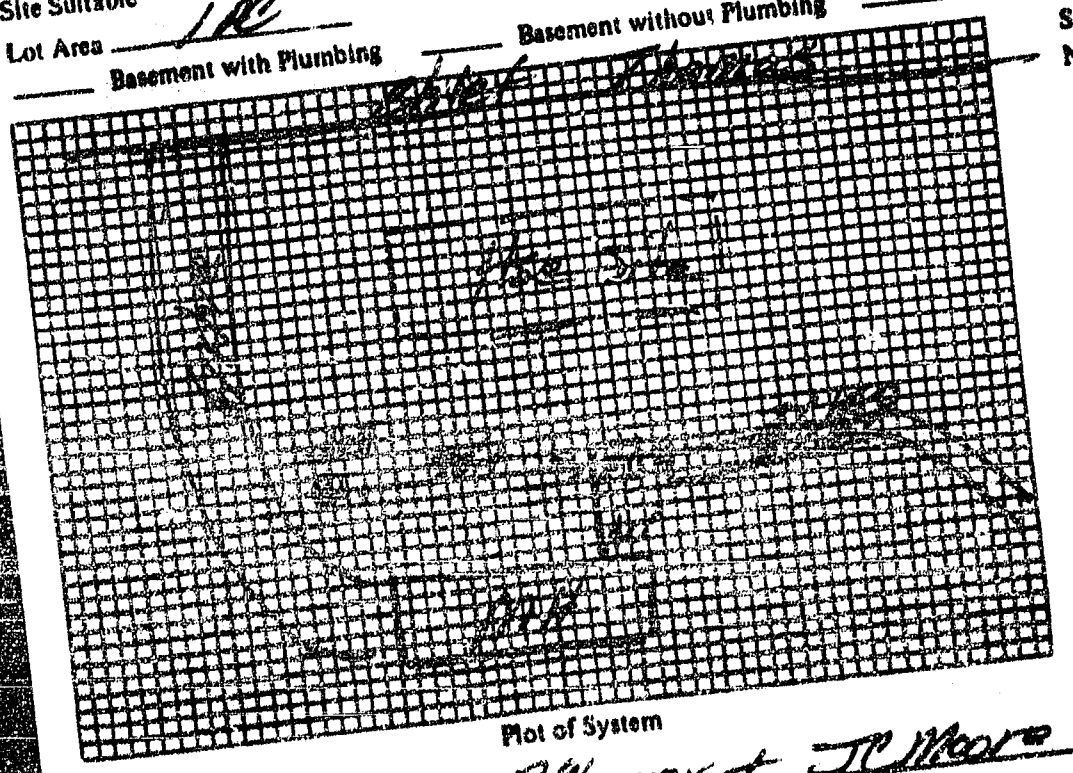
Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual (✓)
Public ( )



Plot of System

Installed by Tommy Revis

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

Signed: _____

IMPROVEMENTS PERMIT BY DWeaver + JCMoore

COMMENTS: _____

DATE 5/3/89

CERTIFICATE OF COMPLETION BY DWeaver

DATE _____

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