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 Carolina Energy Efficient Homes 11-4-81 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. past Turnersburg. 1st Division on left after Crossing Statesman Chap. and before Log Cabin Furn. Str. S. R. No. _____

SUBDIVISION NAME Forest Oaks LOT NO. 5 SECTION OR BLOCK NO. _____

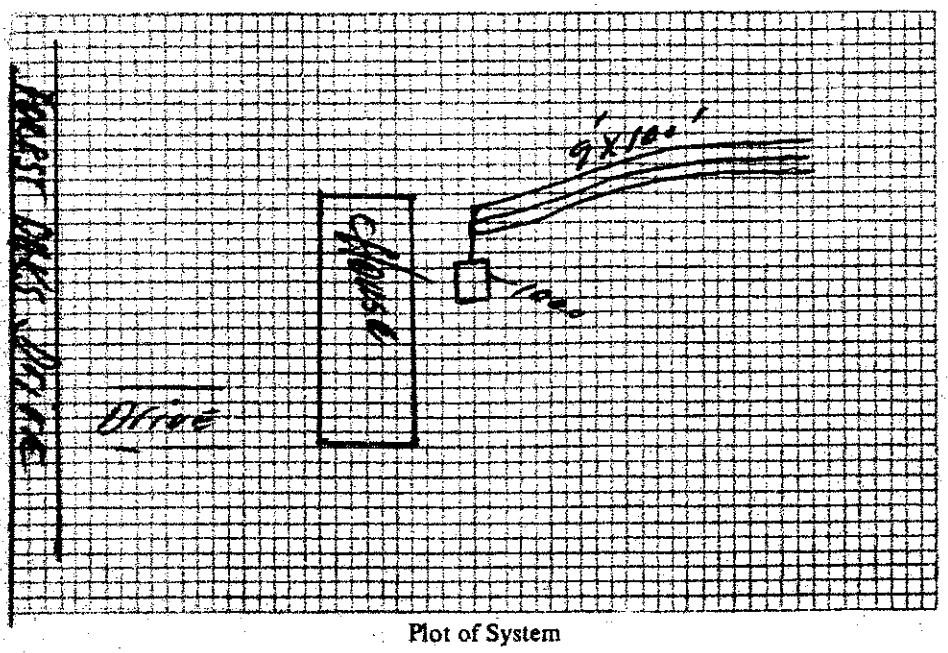
House (✓) Mobile Home ( ) Business ( ) Other _____ Fair Suitable

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Coil Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6-10% slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		
			Rock or other impervious formations	None	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by [signature]
I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Gordon DATE 11/4/81
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