05754

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 EE Homes DATE 4-13-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 24 W - Gen Hutchens Creek TR Forest Oaks Dr S. R. No. _____

SUBDIVISION NAME Forest Oaks LOT NO. 3 SECTION OR BLOCK NO. 4

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

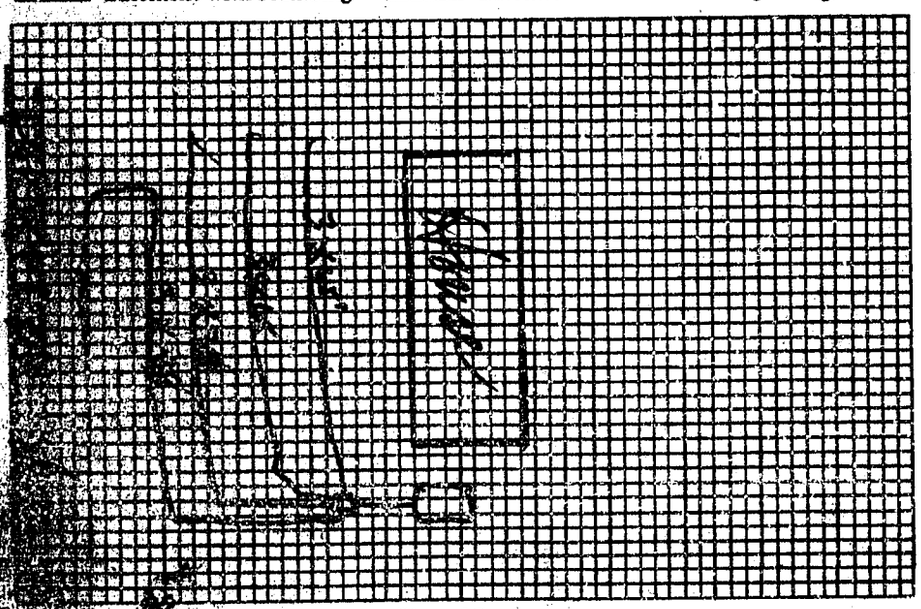
No. Bedrooms 3 No. Bathrooms 1½

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

Character & Porosity of Soil Clay Loam
Percolation Rate 30 min/inch
Topography Gently Sloping
Depth to Water Table 6'+
Rock or other impervious formations None

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 720 Linear Ft. 300
Depth of Stone in Lines 24"
Water Supply: Individual ( )
Public (✓)

Installed by Kenny Ellis

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 4/20/82

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