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 Martha Yoder DATE 2 10 82 PERMIT NO. 48

PHONE: Business _____ Home _____

LOCATION 21N get by Cobb Haven Rt 2 acres Lee W Hendricks

Cowan S. R. No. _____

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

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

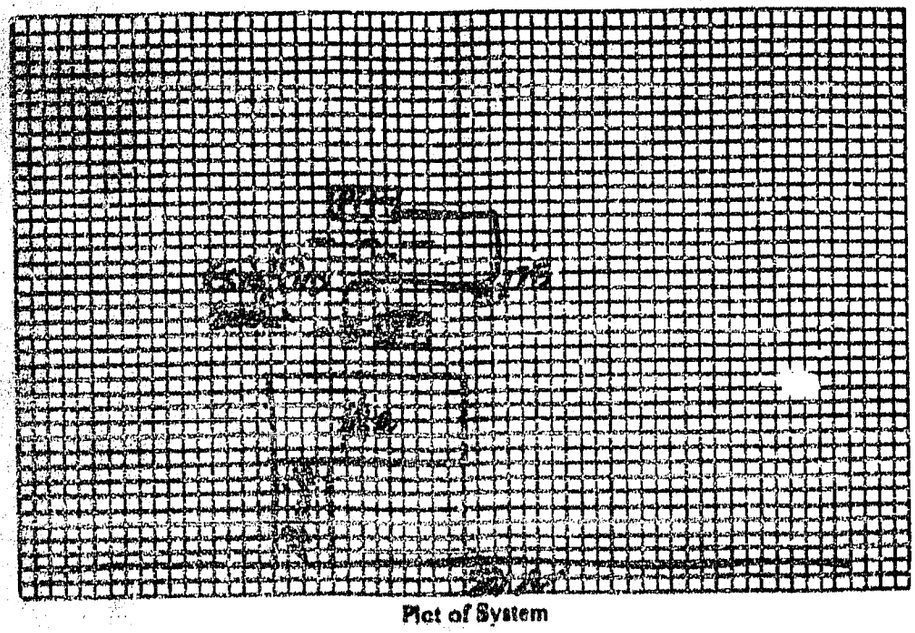
No. Bedrooms 3 No. Bathrooms 1½

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

Character & Porosity of Soil Clay
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations Bedrock Granite

Lot Area 1 ac

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 225 Linear Ft. 75
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)
12 hp Pit

Installed by _____

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

Signed: X _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5 12 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