06338

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 Billy Marshall DATE 5-12-87 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Hwy 21 N TR on Mt Bethel Rd TR on Marshall Rd 1st Frame Hse on Rt S. R. No. 2128

LOT NO. ____ SECTION OR BLOCK NO. ____

SUBDIVISION NAME ____

House (✓) Mobile Home ( ) Business ( ) Other Adding bathroom to Existing house

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Grav. Suitable

Percolation Rate 4

Topography 2 to 10%

Depth to Water Table 10'+

Rock or other impervious formations Fractured rock

Lot Area .882 acres

____ Basement with Plumbing ____ Basement without Plumbing ✓ No Basement

Size of Tank 1000 Gals.

Nitrification Field:

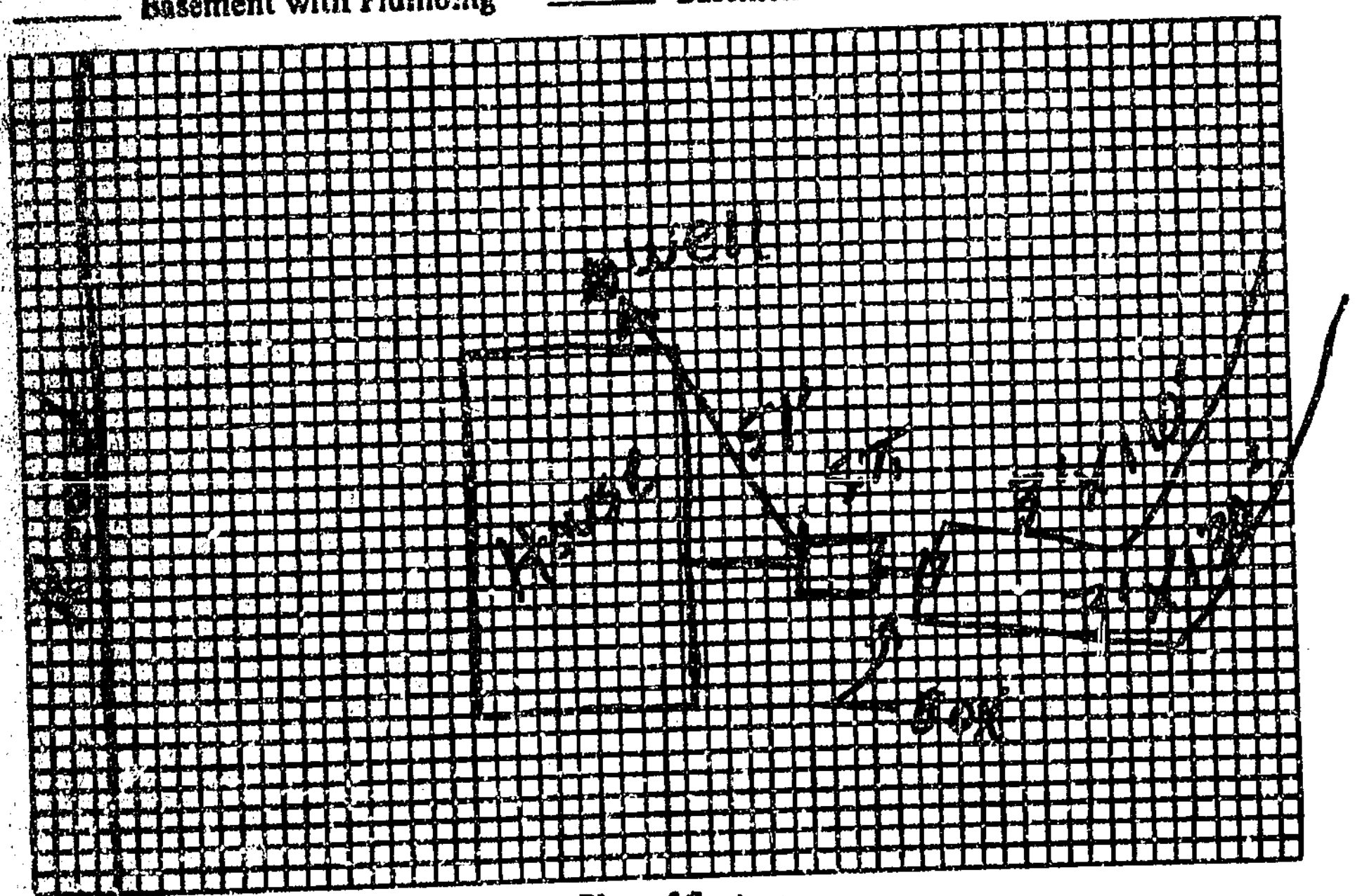
No. of Lines 2

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )



Plot of System

Installed by James Hutker

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

Signed: ____

IMPROVEMENTS PERMIT BY Glenn Fox Jr.

COMMENTS: ____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 5-12-87

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