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 Lillie Nichols DATE 9-30-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N to New Log Cabin 55 - TR on SR 2136 Mt Bethel Ch. Rd – 2nd House on left past SR 2135 S. R. No. 2136

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

Existing

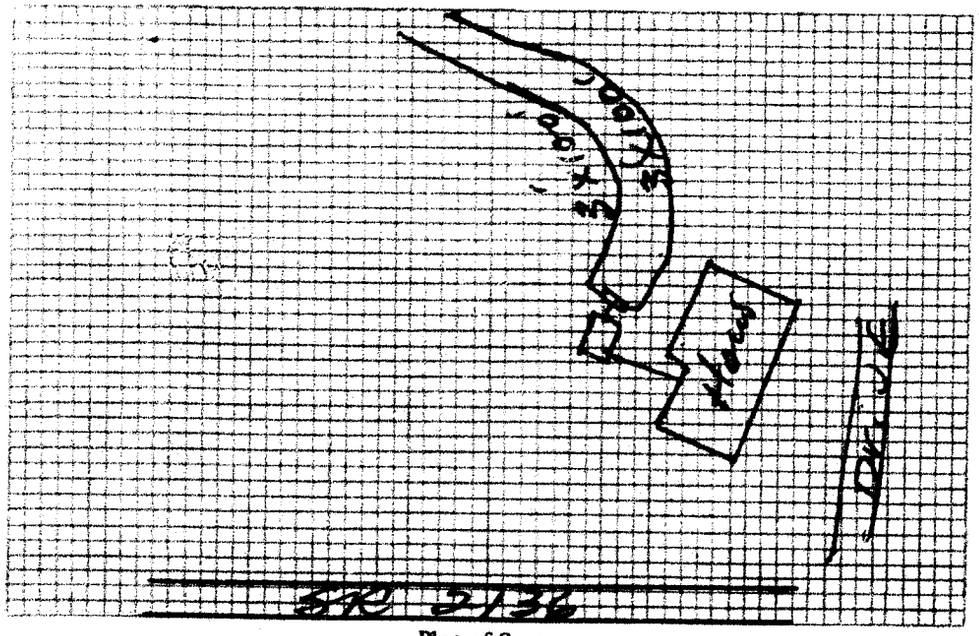
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	C Gr 2	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	65 min/in.	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Gently Rolling	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'	
			Rock or other impervious formations	None Found	

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual ( )
Public ( )

Installed by Robert Hicks

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing House - Tank made of Block - New Septic Tank System Installed

CERTIFICATE OF COMPLETION BY Glenn Fox DATE 9/30/82

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