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 Ken Jarvis DATE 7-16-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E TR on 2305 Then TR on Elmwood Rd 2 1/2mi on L S. R. No. _____

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

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

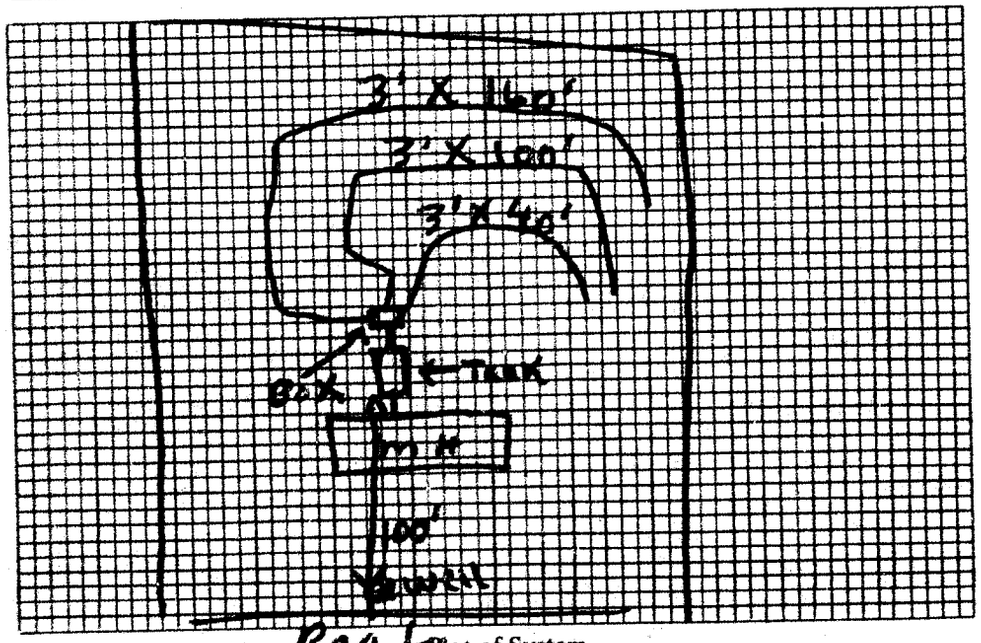
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil Iredell Clay loam
Percolation Rate 120 min/inch+
Topography 2 to 6 %
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 100' X 291'

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Ken Chaffin

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

Signed: _____

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: System was backfilled with Sandyclay loam. Area should be grassed over & landscaped so water will not stand over Tank or lines.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 7-16-80

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