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 Hubert Dickerson Jr. DATE 8-24-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E TR on 2305 To Co. line TL at curve TR at end S. R. No. _____

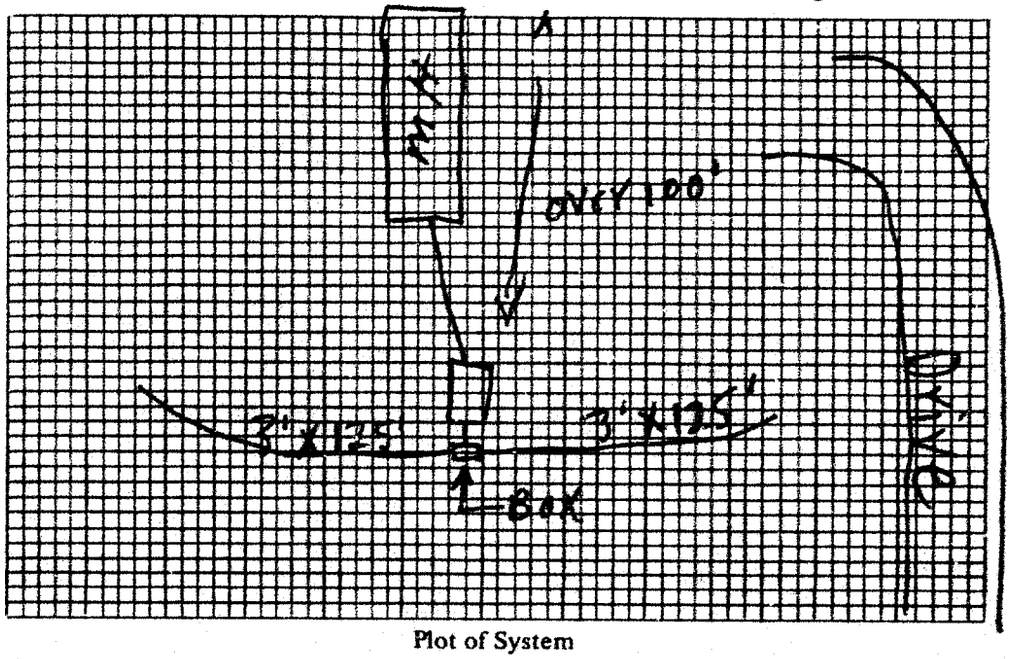
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	2	No. Bathrooms	2	Character & Porosity of Soil	mark Clay & Appling
Garbage Disposal Unit	Yes ( )	No	(✓)	Percolation Rate	1.5 gal/55.1/day
Auto. Dishwasher	Yes (✓)	No	( )	Topography	2 to 8%
Auto. Wash. Machine	Yes (✓)	No	( )	Depth to Water Table	10 ft
Site Suitable	Yes (✓)	No	( )	Rock or other impervious formations	none

Lot Area 4 acres

(✓) Basement with Plumbing _____ Basement without Plumbing @ well _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Self Installed

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE _____

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