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 Homer Hobbs DATE 12-20-91 PERMIT NO. ______

PHONE: Business ______ Home ______

LOCATION 64 East TL Cool Springs Rt at Forks Stay left cross creek 2nd Hse left. S. R. No. ______

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

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

No. Bedrooms ______ No. Bathrooms ______

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Clayey

Percolation Rate 14

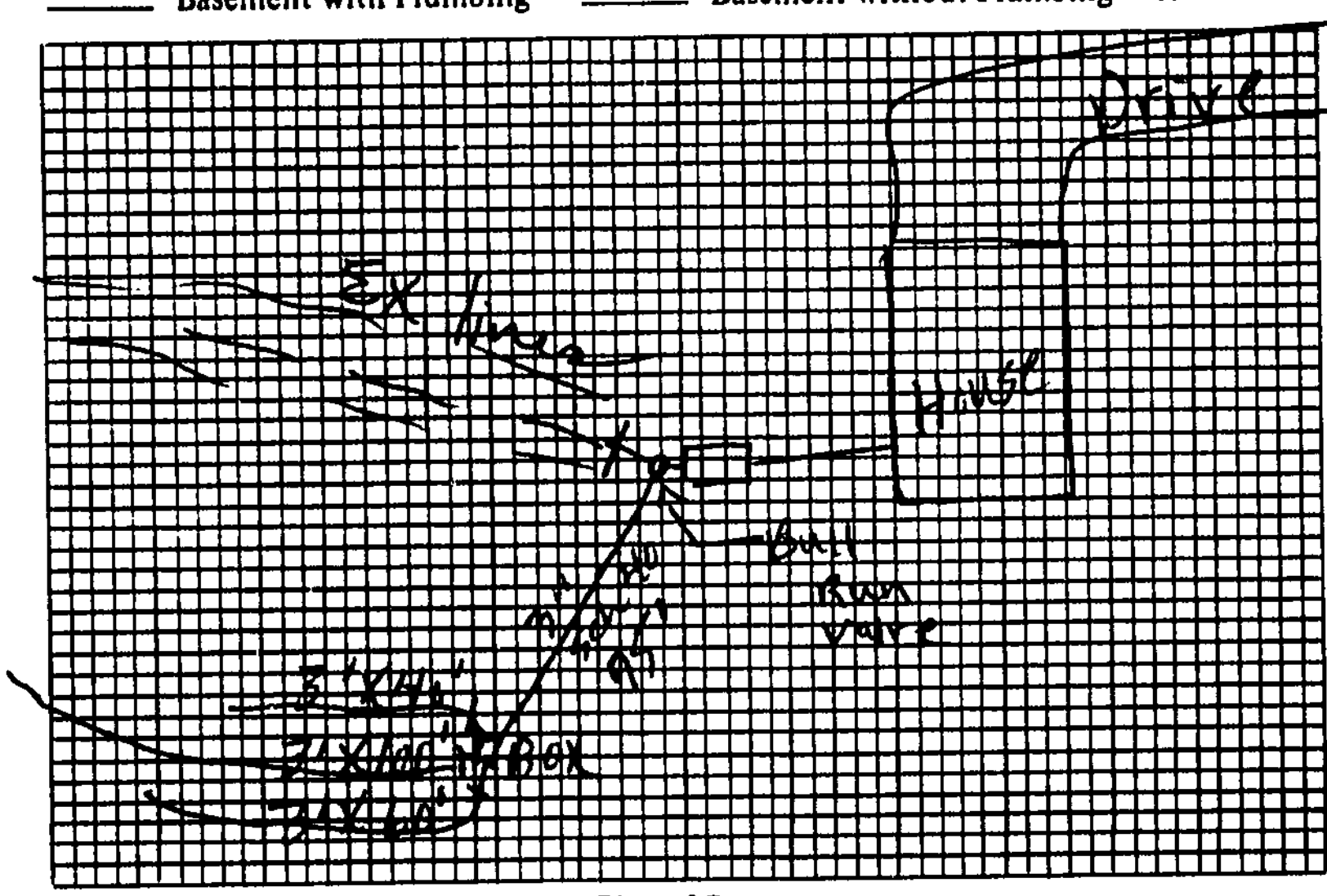
Topography 2 to 12%

Depth to Water Table 10'+

Rock or other impervious formations Saprolite 30 to 36"

Lot Area ______

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement Well



Plot of System

Size of Tank Ex. Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Tommy Frye

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

Signed: ______

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: New lines are on Number 1 on Valve

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 12-20-91

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