IREDELL COUNTY HEALTH DEPARTMENT

9410

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Richard Campbell DATE 5/4/85 PERMIT NO. 86

PHONE: Business _____ Home _____

LOCATION 150 & Mt. View Rd Bond Town / Shumaker Rd Mt Ulla

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 7 SECTION OR BLOCK NO. _____

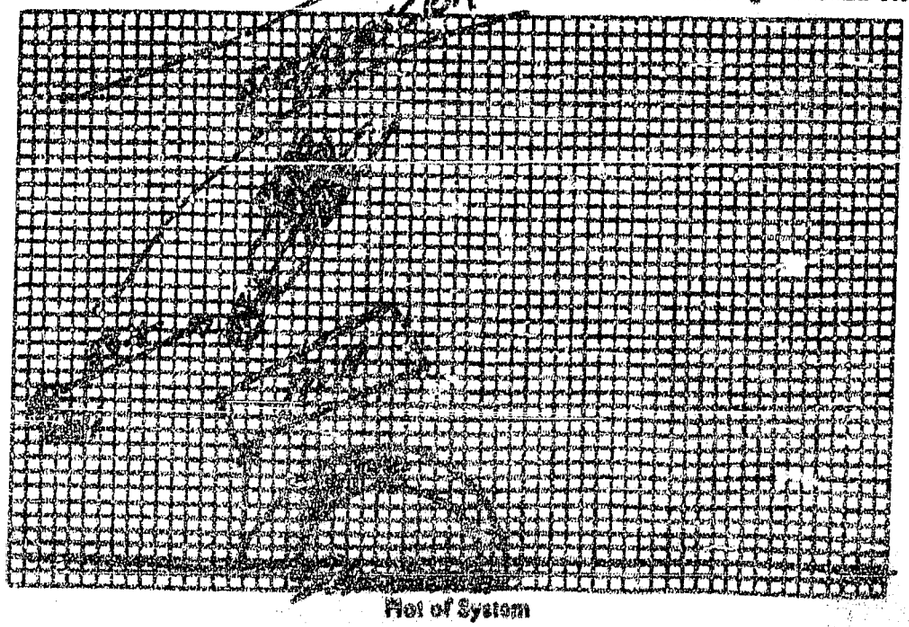
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Loam Stable
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	33
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Rolling
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	24"
			Rock or other impervious formations	Scattered Rock

Lot Area 2.4 Ac

_____ Basement with Plumbing 1 Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 900 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 220 Linear Ft. 240
Depth of Stone in Lines 24

Water Supply: Individual (✓)
Public ( )

Installed by A-1 Backhoe

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 5-21-85

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