IREDELL COUNTY HEALTH DEPARTMENT

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

13887

OWNER OR CONTRACTOR D.L. WILLIAMS, EST DATE 2/5/92 PERMIT NO. 15E-A-8

PHONE: Business _____ Home _____

LOCATION NC 115 N, TL ROCKY CREEK ROAD, ON (L) ~ ½ MILE

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other SYSTEM SIZED TO ACCOMODATE 3 BR HOUSE

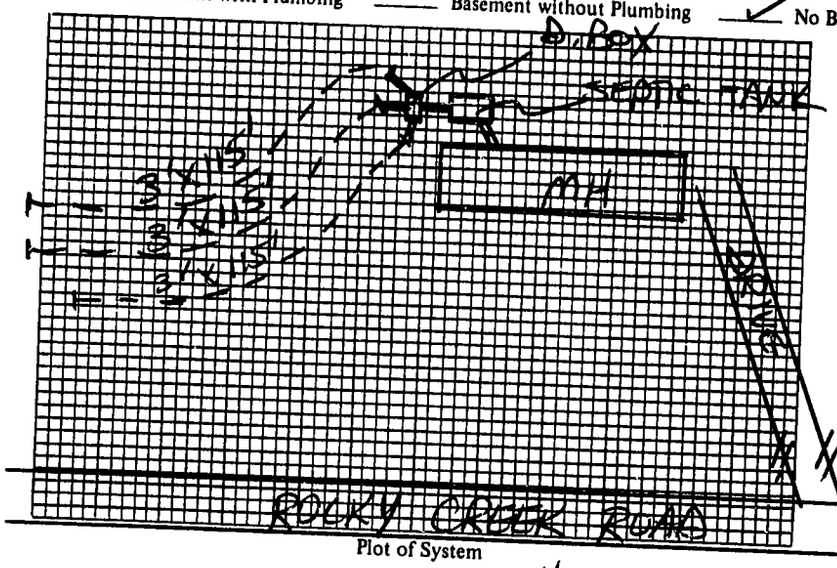
No. Bedrooms 2 No. Bathrooms 2

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

Lot Area 50.5 Ac

Character & Porosity of Soil PS
Percolation Rate .35 GPD / FT2
Topography 6-8% NS
Depth to Water Table > 4'
Rock or other impervious formations NONE

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3 345
Sq. Ft. [illegible] Linear Ft. [illegible]
Depth of Stone in Lines 12"
Water Supply: Individual (✓) WELL
Public ( )

Installed by JAMES HUDDLER

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: ① MH NOT ON SITE AT TIME OF INSPECTION,
② KEEP MH MINIMUM 5' FROM SYSTEM.

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 2/5/92

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