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 Richard Schaefer DATE 4-1-24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N, left on Jennings Rd (1892), about 8 miles on left S. R. No. _____

SUBDIVISION NAME Toffe Downs Trailer Park LOT NO. #5 SECTION OR BLOCK NO. _____

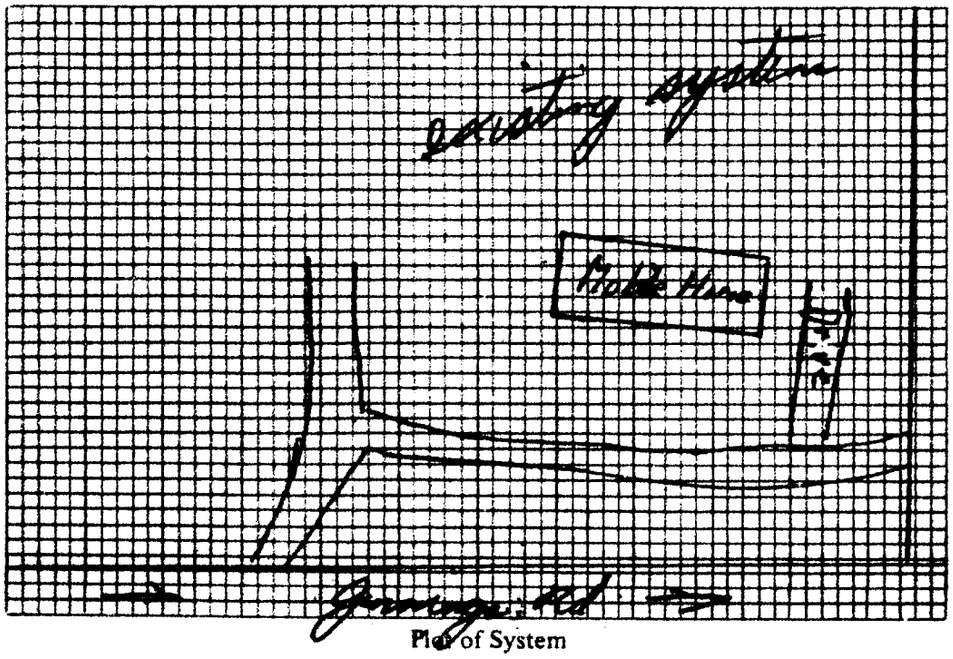
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography level
Depth to Water Table _____
Rock or other impervious formations None

existing System
Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____



Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: No surfacing or loading of lines apparent

CERTIFICATE OF COMPLETION BY Andrew Amey DATE 4-1-24

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold