# 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 Bobby Walker DATE 6-9-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2 M. N. TL on SR 1892 Jennings Rd - 1st Mobile Home on Right past SR 1885 before SR 1878 S. R. No. _____

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

House ( ) Mobile Home (✓) Business ( ) Other _____ Prev. Installation

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 Acreage

Character & Porosity of Soil Cecil Clay

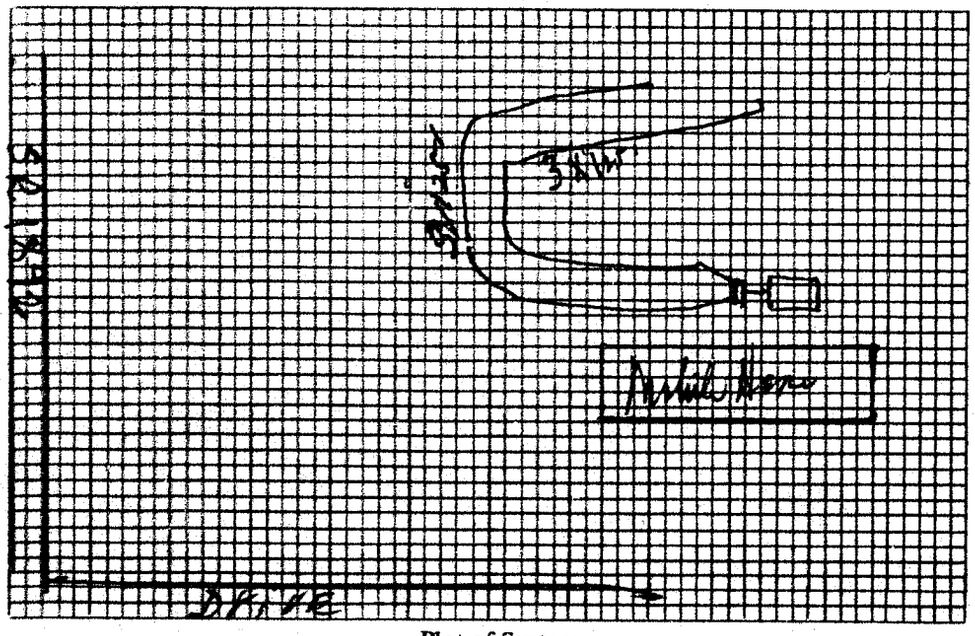
Percolation Rate _____

Topography 2 - 6% Slope

Depth to Water Table _____

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 2

Sq. Ft. 750 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Ray Lentz

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Ford Jr. DATE 6/9/82

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