IREDELL COUNTY HEALTH DEPARTMENT

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

8339
OWNER OR CONTRACTOR James Lee Dobson DATE 10 7 98 PERMIT NO. 34

PHONE: Business _____ Home _____

LOCATION I 77 N Tk on 901 TR Statesville Bridge Rd TR on Mitchell Rd
1st Rd on Right past New Life Baptist Church S. R. No. _____

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

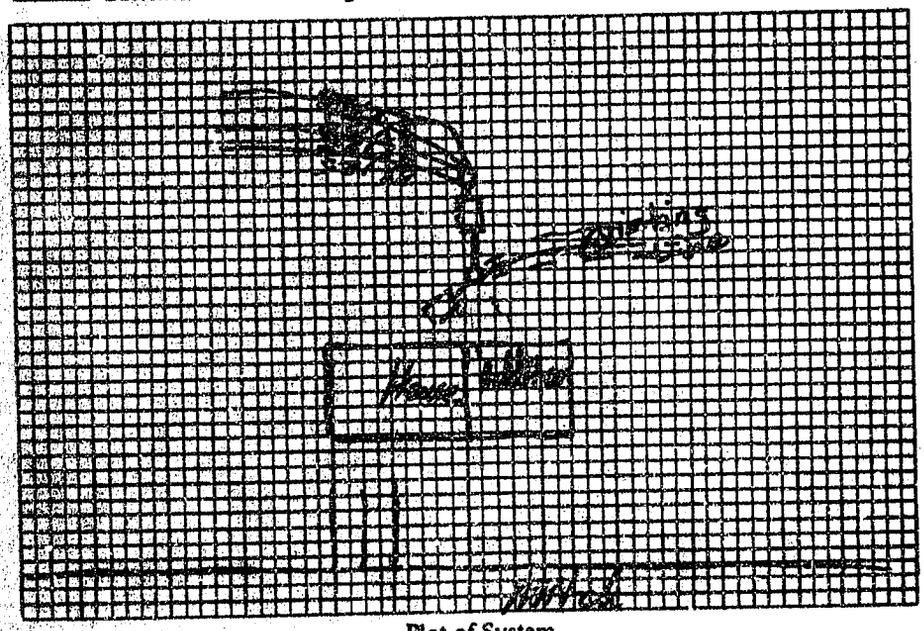
House (✓) Mobile Home ( ) Business ( ) Other addition

No. Bedrooms 5 No. Bathrooms 2 1/2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil existing
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area ample addition of 1000

_____ Basement with Plumbing ✓ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank existing 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 500 Linear Ft. 500
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Sammy Lewis

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

Signed: _____

IMPROVEMENTS PERMIT BY O Weaver + Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY O Weaver DATE 10 7 98

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