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 Ricky Mitchell DATE 21 Dec 92 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Tobey Ln. Rt 6 901 - Cross 901 - 4th to 2nd dwy on left. 4th approx ½ mi - Trailer on left S. R. No. _____

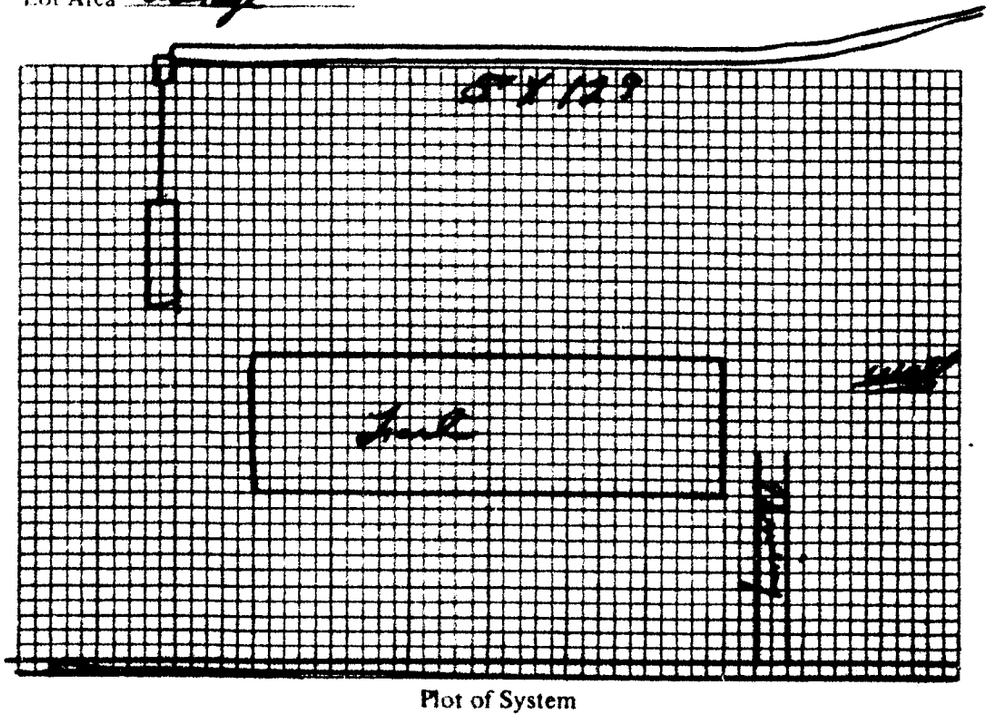
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	sandy Clay - Fill
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	2
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope 8 - 10%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	2'
			Rock or other impervious formations	2'

Lot Area acreage



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by S. M Dixie

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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