IREDELL COUNTY HEALTH DEPARTMENT

00997 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR William K. Kemp DATE 4-17-84 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Statesville – TL on SR 1163 (Garnett Rd) TL on SR 1839 – TL on SR 1947 (Bucksnag Rd) 1st Mobile Home on Rt S. R. No. 1947

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

Dawn's wife

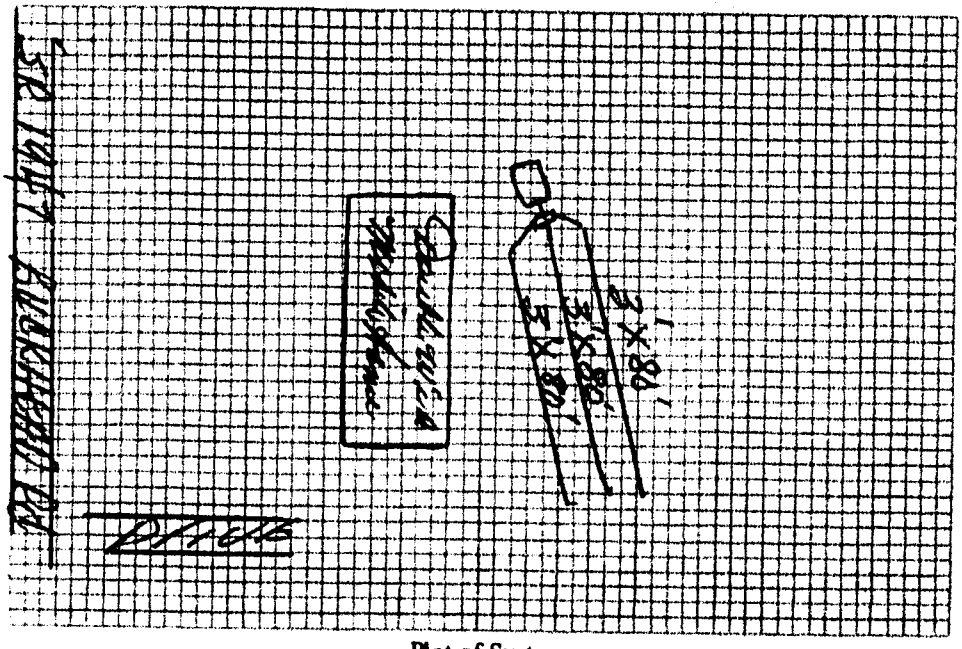
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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 Sandy Clay
Percolation Rate 3 mpi
Topography 2 – 6 % slope
Depth to Water Table 10'
Rock or other impervious formations Decomposed Rock



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by AAA Enterprises

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

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 4/17/84
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