

# 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 Cha James Hammerlin DATE 9-15-86 PERMIT NO. 391 9-15

PHONE: Business \_\_\_\_\_ Home \_\_\_\_\_

LOCATION 150 W. TL just past Apple House at end

S. R. No. \_\_\_\_\_

SUBDIVISION NAME Spring Acres LOT NO. 9 SECTION OR BLOCK NO. \_\_\_\_\_

House ( ☒ ) Mobile Home ( ) Business ( ) Other \_\_\_\_\_

No. Bedrooms 4 No. Bathrooms 2 1/2 Character & Porosity of Soil clay

Garbage Disposal Unit Yes ( ) No ( ☒ ) Percolation Rate \_\_\_\_\_

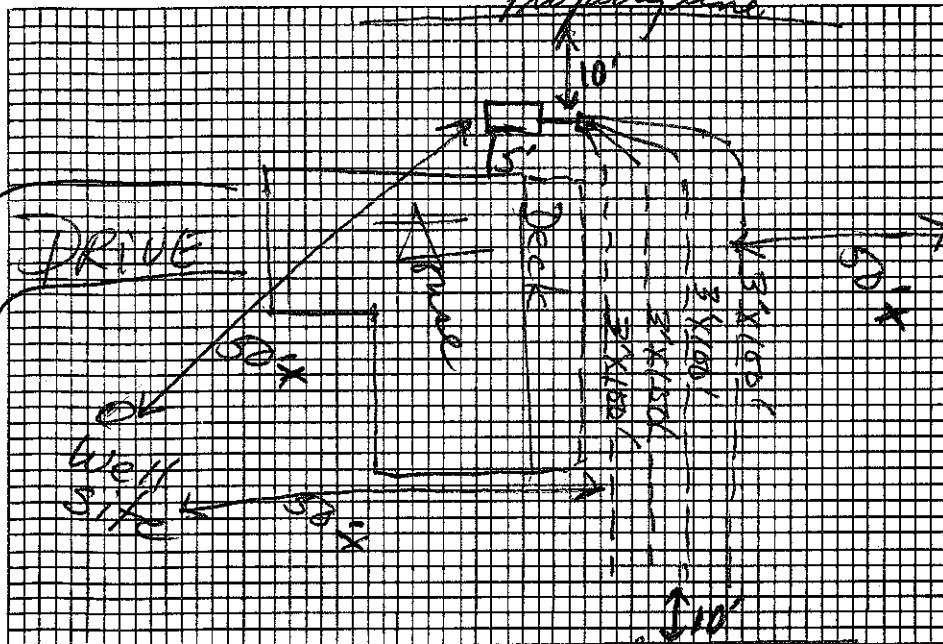
Auto. Dishwasher Yes ( ☒ ) No ( ) Topography 10-15%

Auto. Wash. Machine Yes ( ☒ ) No ( ) Depth to Water Table 4 ft

Site Suitable Yes ( ☒ ) No ( ) Rock or other impervious formations none obs.

Lot Area 20000 ft<sup>2</sup> +

☒ Basement with Plumbing \_\_\_\_\_ Basement without Plumbing \_\_\_\_\_ No Basement \_\_\_\_\_



Size of Tank 1250 Gals.

Nitrification Field: 4

No. of Lines \_\_\_\_\_

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ( ☒ )  
Public ( )

Installed by \_\_\_\_\_

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

Signed: Cha James Hammerlin

Plot of System Property line  
IMPROVEMENTS PERMIT BY David R. Hanson, R.S.

COMMENTS: \_\_\_\_\_

CERTIFICATE OF COMPLETION BY \_\_\_\_\_ DATE \_\_\_\_\_

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.