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 Mrs Chester Waugh DATE 4-9-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. House on R. Just Past New Bethany Baptist Church.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

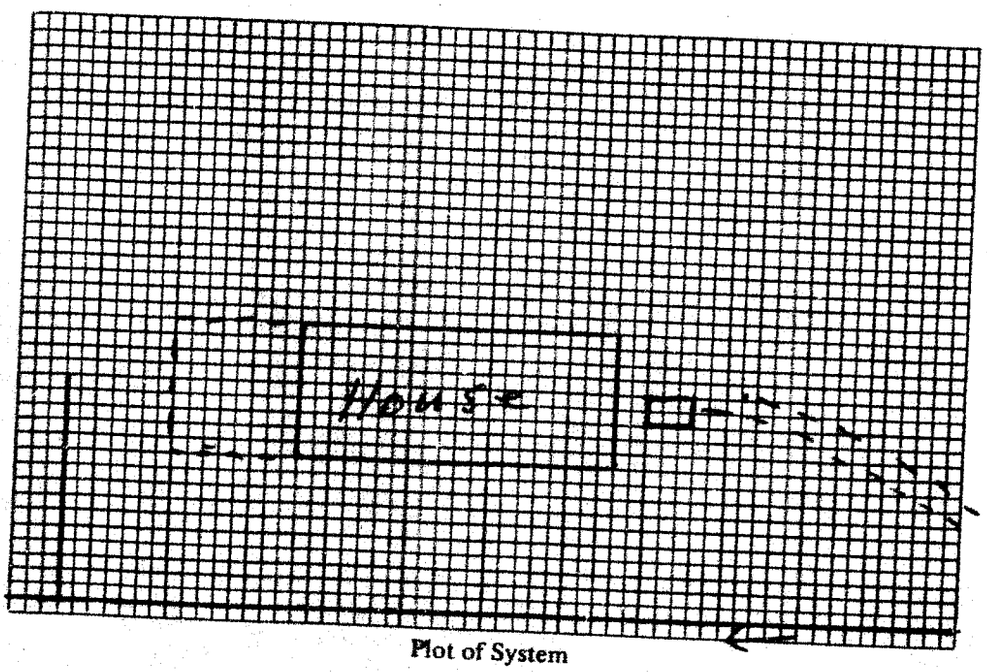
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Existing System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. 562½ Linear Ft. 225

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by Hoke

approx. 11 years ago

IMPROVEMENTS PERMIT BY _____

COMMENTS: Remodeling: Adding Den + Dining area & Carport. Present Sewage System appears to be working satisfactorily at this time. No signs of sweating.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4-9-75

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