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 [illegible] DATE 5-24-77 PERMIT NO 24

PHONE: Business [illegible] Home _____

LOCATION [illegible]

S. R. No. _____

SUBDIVISION NAME [illegible] LOT NO. 131 SECTION OR BLOCK NO. 2

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 2 acres +/-

Character & Porosity of Soil Existing Good

Percolation Rate _____

Topography _____

Depth to Water Table _____

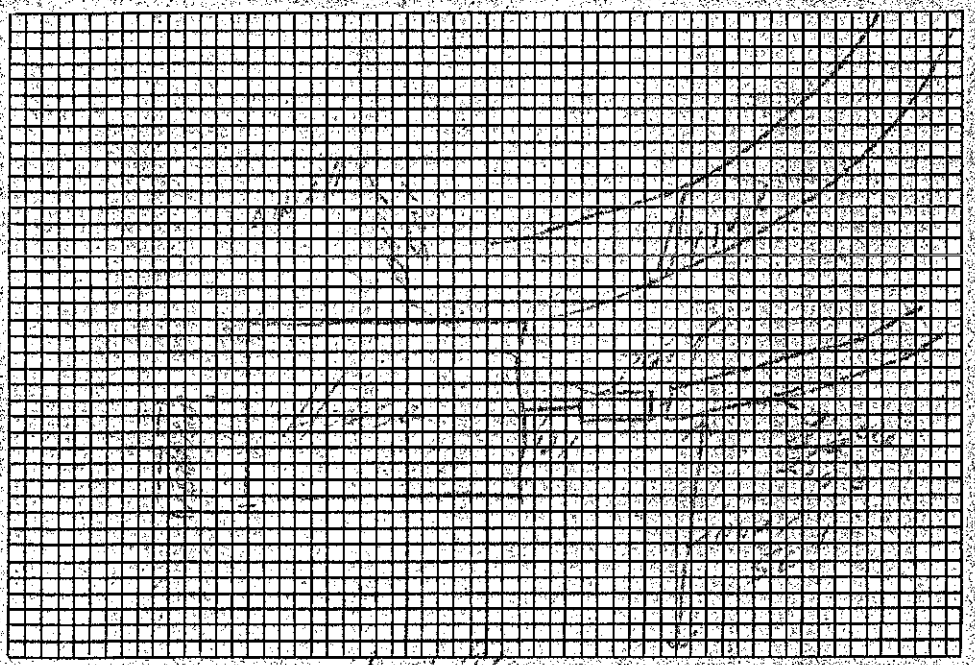
Rock or other impervious formations _____

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____



Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: Site Eval. Verified Of Lot Size
Off This Inspection

CERTIFICATE OF COMPLETION BY [illegible] DATE [illegible]

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit No. _____ Permit Date 14 May 1964

Owner Dr. Darby Address Statesville

Installed By H. L. Hodebick Address Statesville

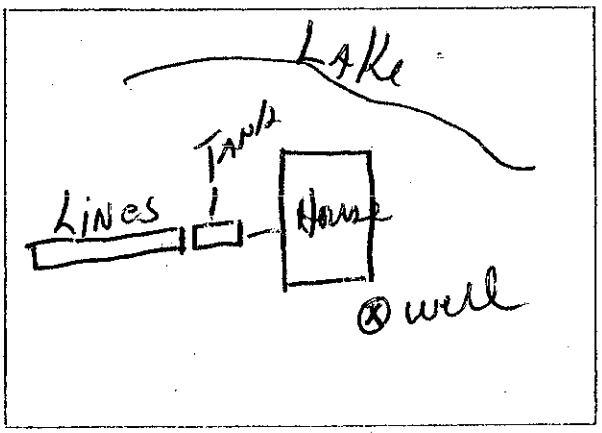
Location of Property Sect 6

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(X)	225'	(X)	No. of Baths	( )
Precast	(X)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 14 May 1964 Approved (X) Disapproved ( )

Remarks _____



Sketch of Installation

Ray Scoggins RS.

Sanitarian