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 William M. Davis Jr. DATE May 3, 1979 PERMIT NO. 129

PHONE: Business _____ Home _____

LOCATION 1100 T.R. on 1115 T.L. on 1446 .1 mi. on Rt.

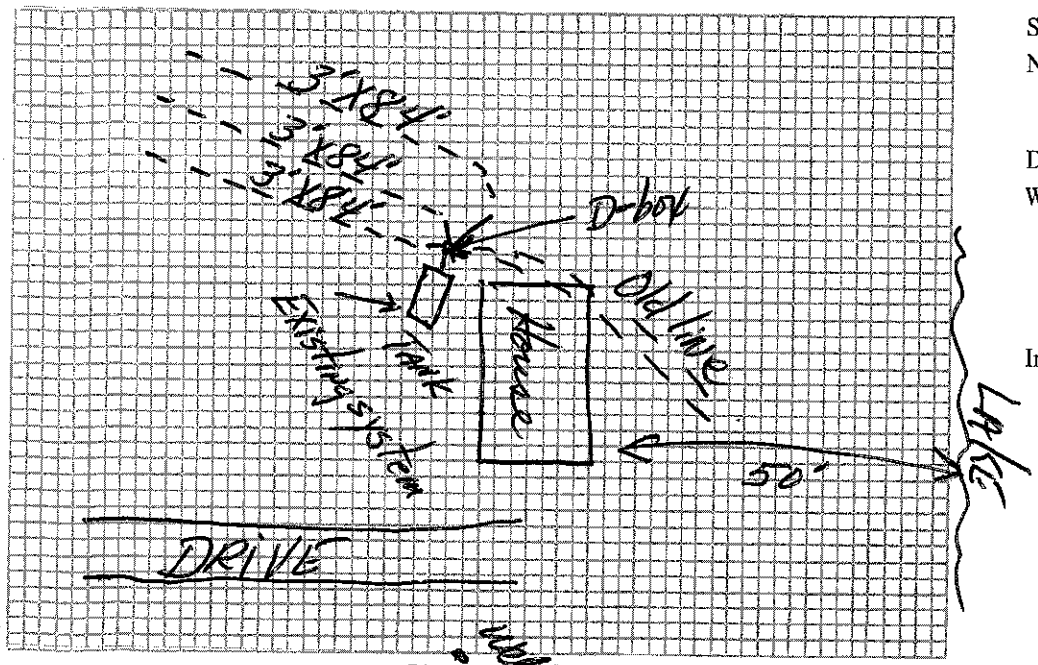
S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 166 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 1
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes ( ) No (✓)
Site Suitable Yes (✓) No ( )
Lot Area 1.2 AC.

Character & Porosity of Soil sandy clay loam
Percolation Rate 80 min +
Topography 6-10%
Depth to Water Table sink.
Rock or other impervious formations none obs.



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 150 Linear Ft. 250
Depth of Stone in Lines 10" +
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY David R. Hinson

COMMENTS: Cut off old line and set D-box for new line. Check tank for sanitary tee and pump it if necessary.

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