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 Luther York DATE 8-25-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn on Potts Rd at Troutman. T.R. on 1321 - T.R. _____
Directly under big Power line - 2nd lot on R. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 179 SECTION OR BLOCK NO. 17

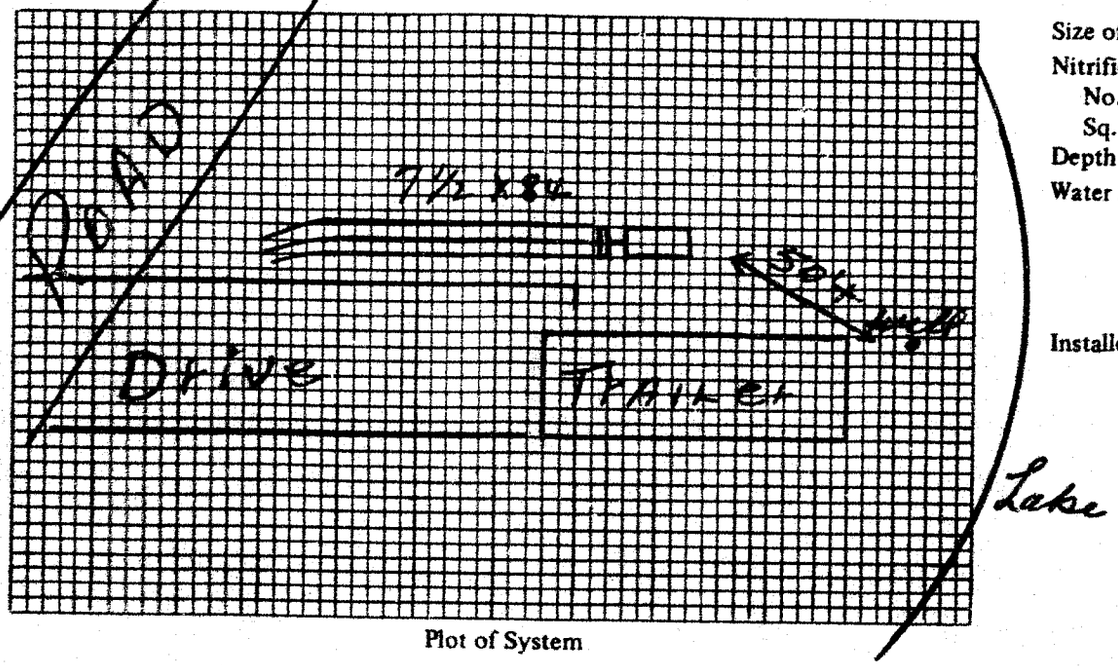
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slope
Depth to Water Table Low
Rock or other impervious formations None

Lot Area 1 acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by John Mercer

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface Water should be diverted away from tanks & lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson 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