4635-69-7825.92

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 Lowell Howell DATE 10-10-12 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1100 Flint Hill TR Unit _____

S. R. No. _____

SUBDIVISION NAME Cornelius Woods LOT NO. 176 SECTION OR BLOCK NO. _____

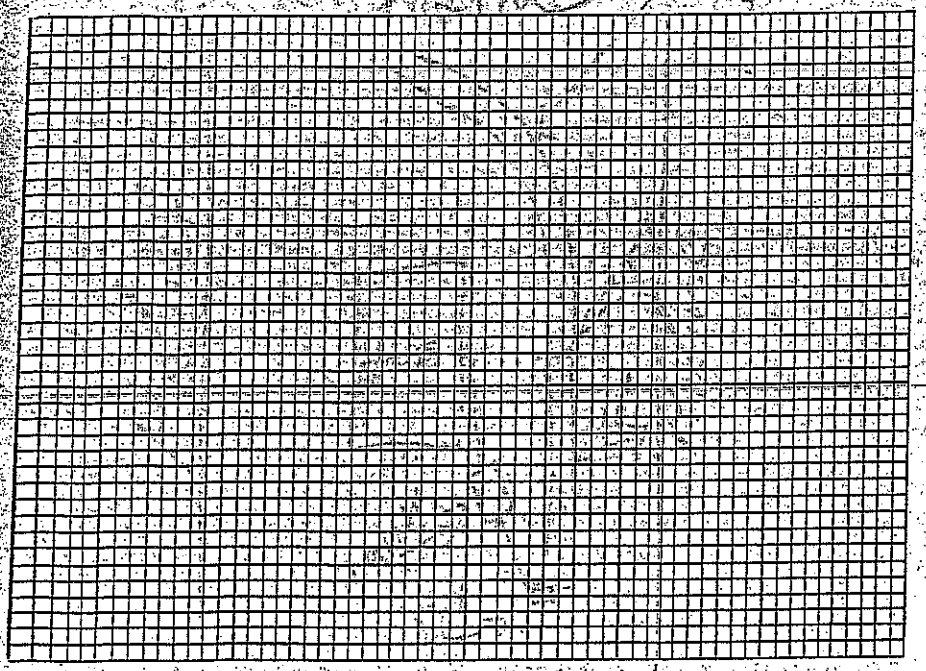
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1½

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

Lot Area 70 x 142½

Character & Porosity of Soil Sandy Clay Loam Moderately Good
Percolation Rate Soil Evaluation
Topography Top of Hill Slope
Depth to Water Table 10'+
Rock or other impervious formations None




Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by E. T. Erwin

IMPROVEMENTS PERMIT BY D. C. Moore

COMMENTS: _____

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