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 Evart Loflin DATE 5-27-76 PERMIT NO. 1440

PHONE: Business _____ Home 546-4465

LOCATION 1100 ft E on 1112

S. R. No. _____

SUBDIVISION NAME Commodore Keys LOT NO. 12 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 1 acre

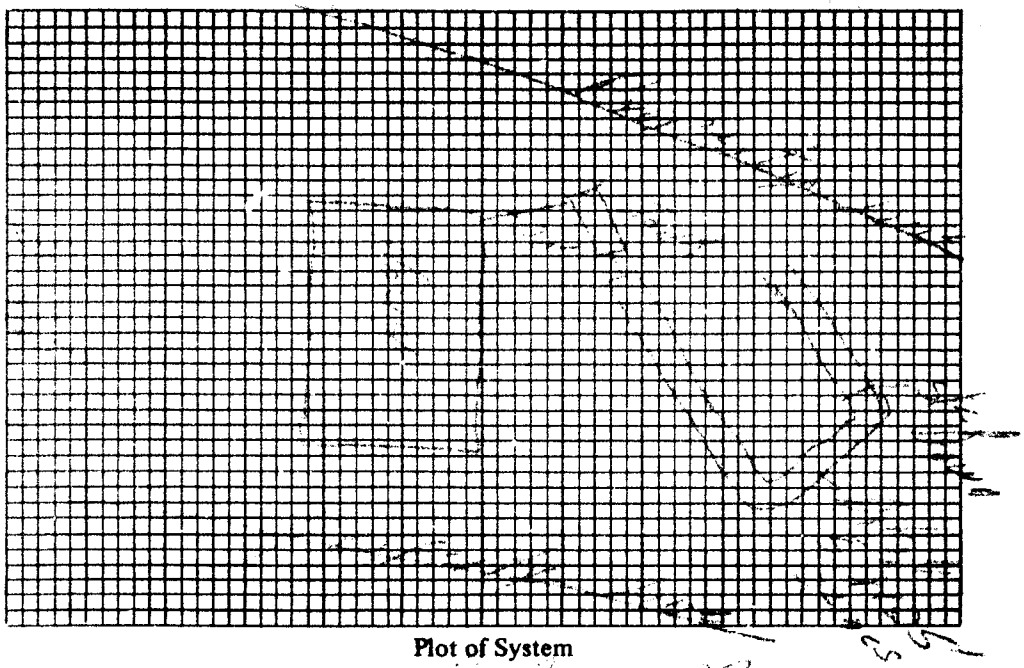
Character & Porosity of Soil Clay loam Porosity Fair

Percolation Rate Not Taken

Topography Level

Depth to Water Table 10 ft

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 20"

Water Supply: Individual ( )

Public (✓)

Installed by E. J. Erwin

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 5-27

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