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 Marion Davis DATE 6-7-99 PERMIT NO. 153

PHONE: Business _____ Home _____

LOCATION 150 w.s. Liv on Hill top ch. rd., T Left and _____

SUBDIVISION NAME Hidden Cove LOT NO. 5 SECTION OR BLOCK NO. _____ S. R. No. _____

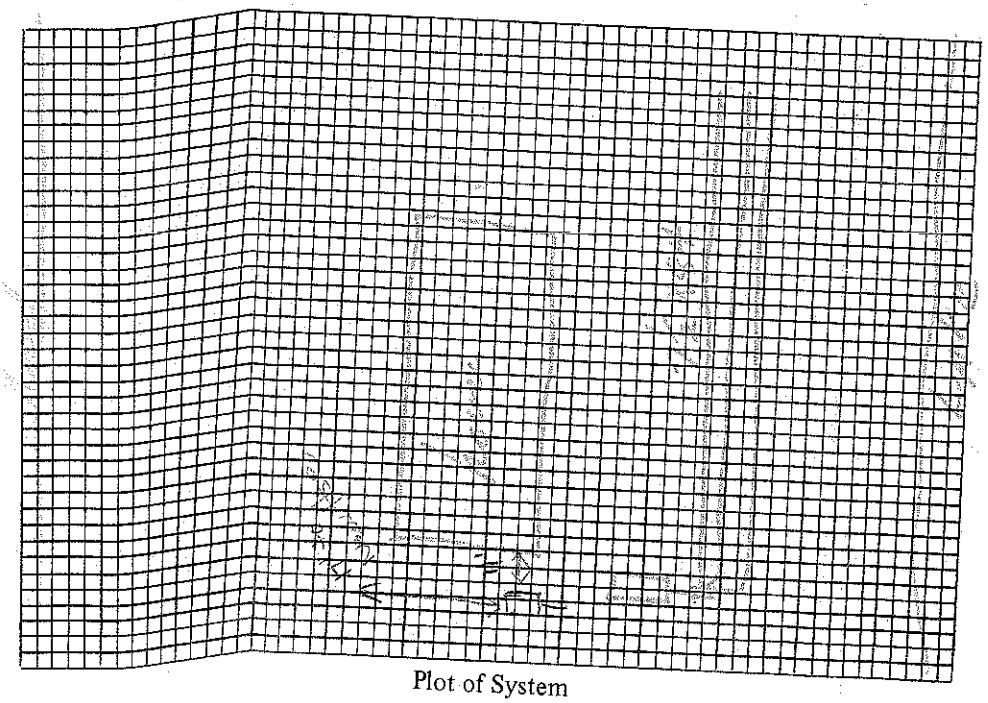
House (✓) Mobile Home ( ) Business ( ) Other _____

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 acre

Character & Porosity of Soil Sandy clay loam
Percolation Rate 21 min
Topography 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 3
Sq. Ft. 225 Linear Ft. 200
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by E.T. Ford

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Christmas Company DATE 6-7-99

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