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 Bill Stutts DATE 5-22-26 PERMIT NO. 82

PHONE: Business _____ Home 873-2623

LOCATION 303 Tk on 1500 to 2 on left, 1st left on [illegible] S. R. No. _____

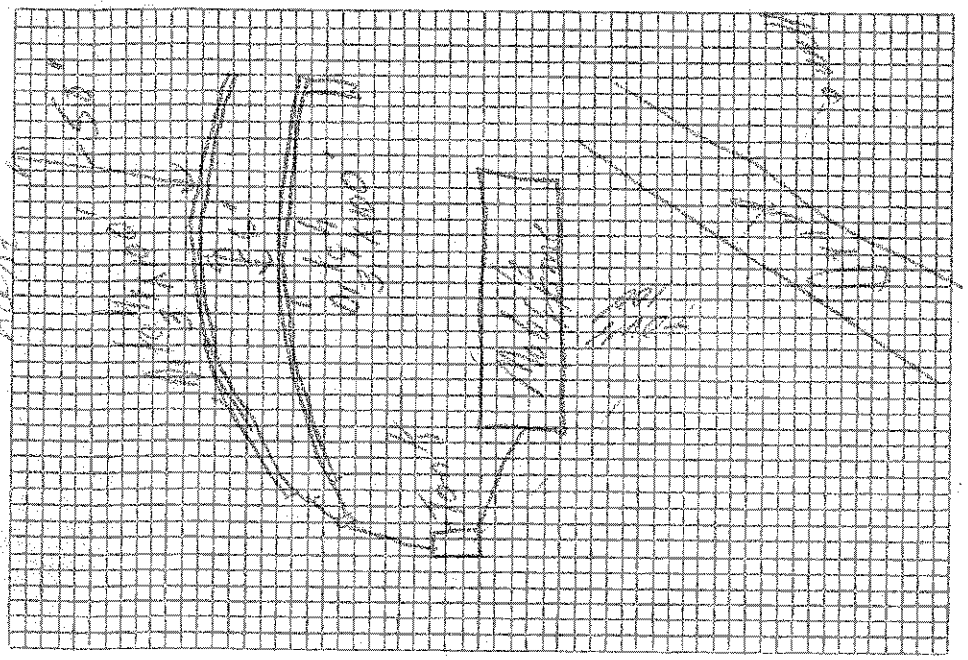
SUBDIVISION NAME _____ LOT NO. 69 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay Loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Loamy Clay
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	2 to 5'
			Rock or other impervious formations	None

Lot Area 1 Acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 480 Linear Ft. 240
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Rowe

IMPROVEMENTS PERMIT BY _____

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