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IREDELL COUNTY HEALTH DEPARTMENT

IV

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR K. B Curtis DATE 7-28-78 PERMIT NO. 483

PHONE: Business Williamson Rd Home 875-5214

LOCATION 1109 TR on 1190 near end on left Sundown Rd.

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

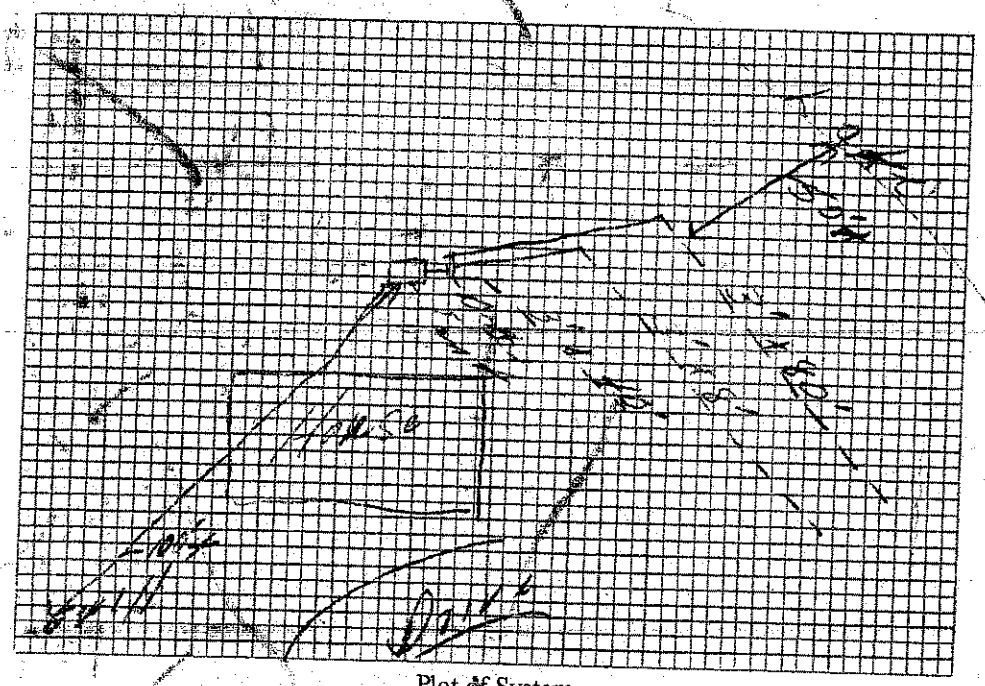
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 1½ acres

Character & Porosity of Soil Sandy Clay loam
Percolation Rate 4 min/inch
Topography 10% Sloped
Depth to Water Table 6' to 8'
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. _____
Depth of Stone in Lines 11
Water Supply: Individual (✓)
Public ( )

Installed by Owner

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 7-28-78

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