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 Pete Watts DATE 1-20-78 PERMIT NO. 9

PHONE: Business _____ Home _____

LOCATION 1107 Turn left on 1191 go two
off loop Rd. S. R. No. _____

SUBDIVISION NAME Bonanza LOT NO. 30 SECTION OR BLOCK NO. _____

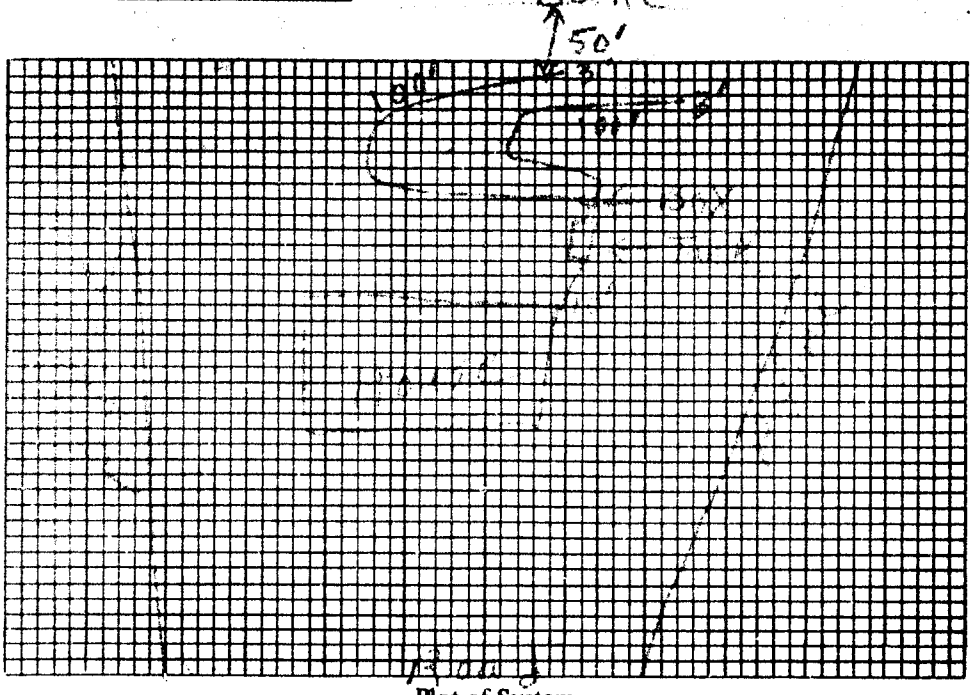
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Sandy clay loam
Percolation Rate 45 min 4 inch
Topography 20% slope
Depth to Water Table 6 to 8'
Rock or other impervious formations None

Lot Area Large



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 1-20

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