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 John Lowe DATE 11-10-78 PERMIT NO. 321

PHONE: Business _____ Home _____

LOCATION 1155 T Lon 1136 T Lon 1st Paved St.

_____ S. R. No. _____

SUBDIVISION NAME Fremont Park LOT NO. 133 SECTION OR BLOCK NO. _____

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

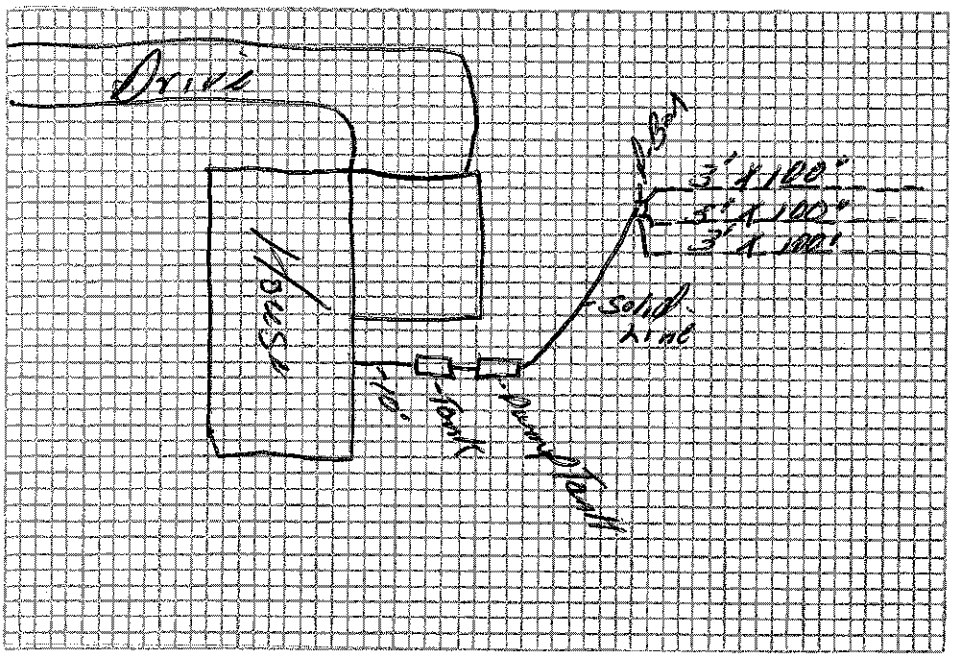
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ½ acr

Character & Porosity of Soil Clay loam
Percolation Rate 120 min/in
Topography 2 to 5% Slope
Depth to Water Table 10'+
Rock or other impervious formations None

500 gal + Pump Tank



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: If house is Left were 2000 be will have to have pump to pump to Nitrogen field, If change house to west you can get fall to Tank will not have to use pump. Do not Grade area where Lines to go.

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