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 C.H. Johnson DATE 2-5-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N to 90 to 1935 2nd House on Right S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 Existing

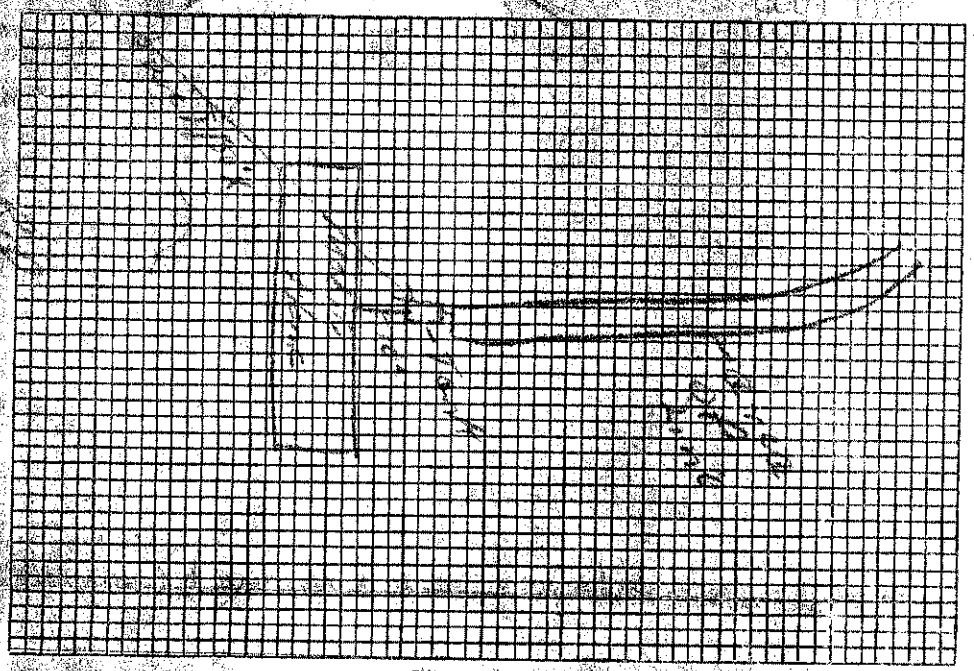
Character & Porosity of Soil Existing Fair

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 450 Linear Ft. 225

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Earl Adams

1970

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Repair Was used

for Existing But not for Mobile

Home

CERTIFICATE OF COMPLETION BY Ellen Houston DATE 2-5-78

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