4658859461

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 Howard Travis DATE 1-15-93 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N.C. 115 N to Collins Park Rd. turn L on Collins Park Rd. turn R 1st house L on Collins Park S. R. No. 1100

SUBDIVISION NAME _____ LOT NO. 6 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 _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 2 acre

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150 ft
Depth of Stone in Lines 24"

Water Supply: Individual (✓)
Public ( )

Installed by Howard Travis

Plot of System

IMPROVEMENTS PERMIT BY Not Issued

COMMENTS: System Installed 1993 From 00 to 1993 File

CERTIFICATE OF COMPLETION BY _____ DATE 1-15

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