4666720469

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 Willie Knox DATE 7-20-17 PERMIT NO.

PHONE: Business Home

LOCATION 1146 (Cattle Creek Rd) TR on Kistler Rd 1148 ½ mi. on right S. R. No.

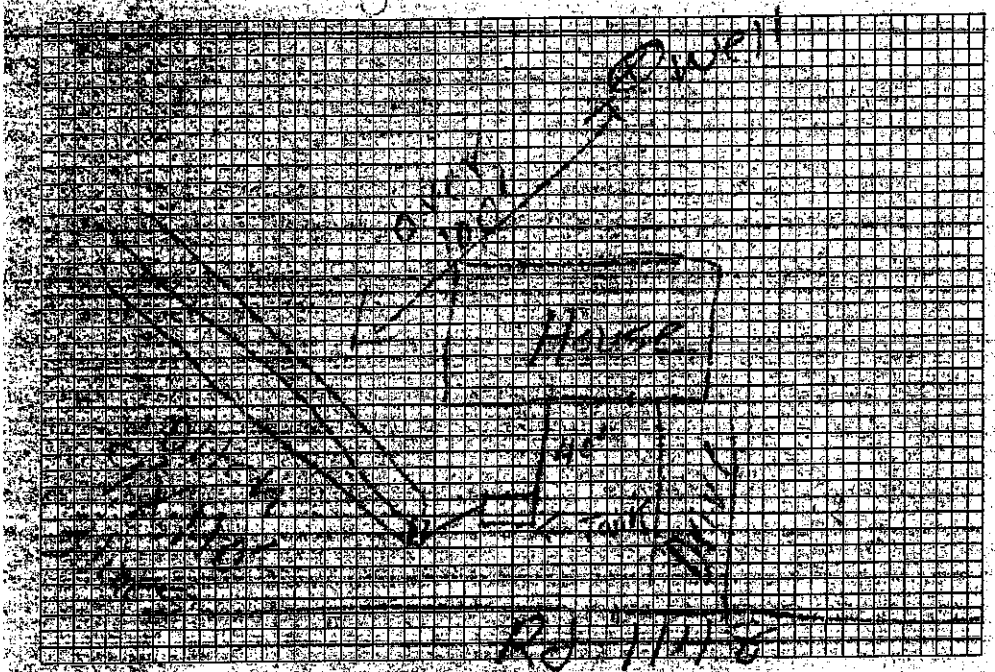
SUBDIVISION NAME LOT NO. SECTION OR BLOCK NO.

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

No. Bedrooms 4 No. Bathrooms 2

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

Character & Porosity of Soil (Sandy clay Porosity good)
Percolation Rate 1 in/ 1st hour thereafter
Topography 3 to 4% slope
Depth to Water Table 16"+
Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 990 Linear Ft. 330
Depth of Stone in Lines 17"
Water Supply: Individual (✓)
Public ( )

Installed by Self Installed

IMPROVEMENTS PERMIT BY John Houston

COMMENTS:

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 7-20-17

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

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 [illegible] DATE [illegible] PERMIT NO. 123

PHONE: Business _____ Home _____

LOCATION [illegible]

S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 2

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

Lot Area [illegible]

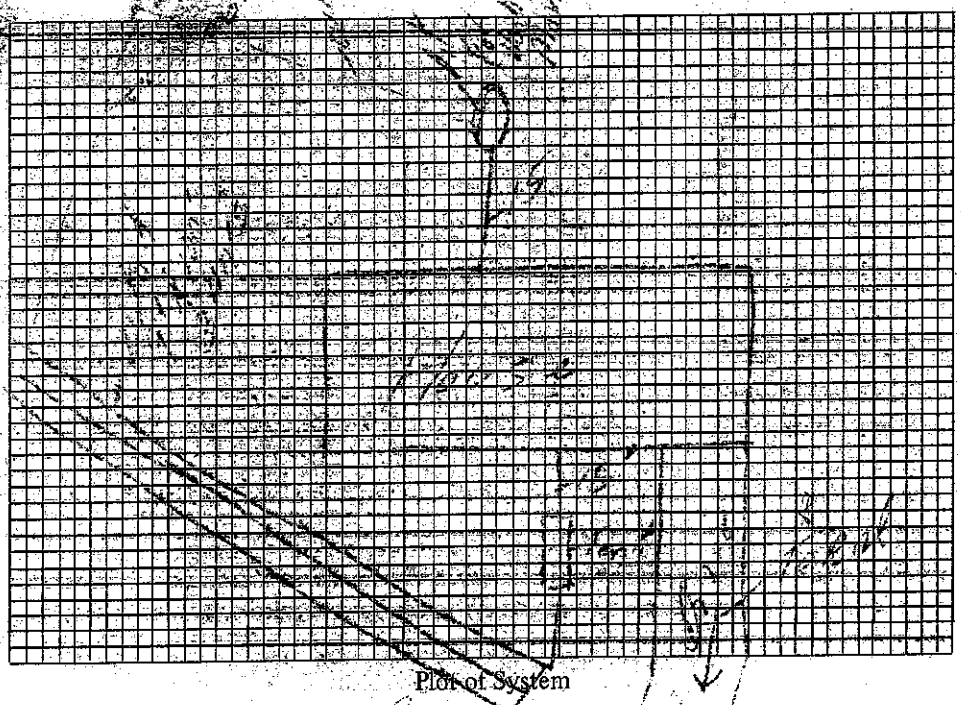
Character & Porosity of Soil [illegible]

Percolation Rate _____

Topography [illegible]

Depth to Water Table [illegible]

Rock or other impervious formations [illegible]



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. [illegible] Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY [illegible]

COMMENTS: _____

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