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 Joe Carter DATE 6-3-77 PERMIT NO. 135

PHONE: Business _____ Home _____

LOCATION 1130 2nd on right

S. R. No. _____

SUBDIVISION NAME Quail Run Pt II LOT NO. 17 SECTION OR BLOCK NO. _____

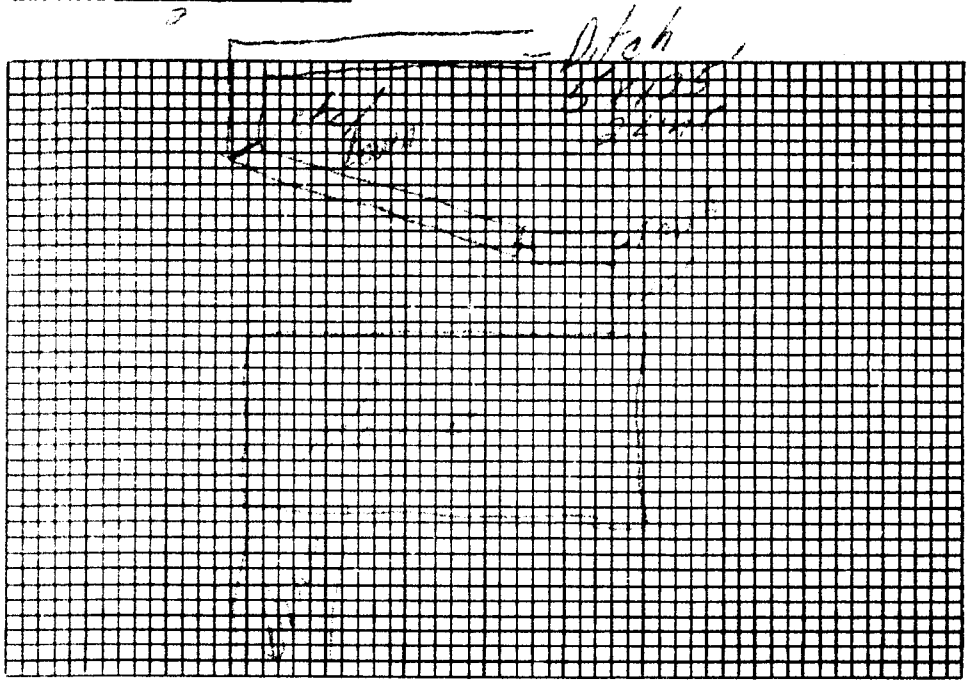
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Clay loam Porosity Fair
Percolation Rate Soil Tubes
Topography 2-2½% Slope
Depth to Water Table 10 ft
Rock or other impervious formations None

Lot Area ½ acre



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250'
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Gibson

IMPROVEMENTS PERMIT BY John Hamilton

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Hamilton DATE 6-3-77

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