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 Cowden DATE 5-20-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1150 3 mi on Rt 21

S. R. No. _____

SUBDIVISION NAME Quail Run # II LOT NO. 15 SECTION OR BLOCK NO. _____

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

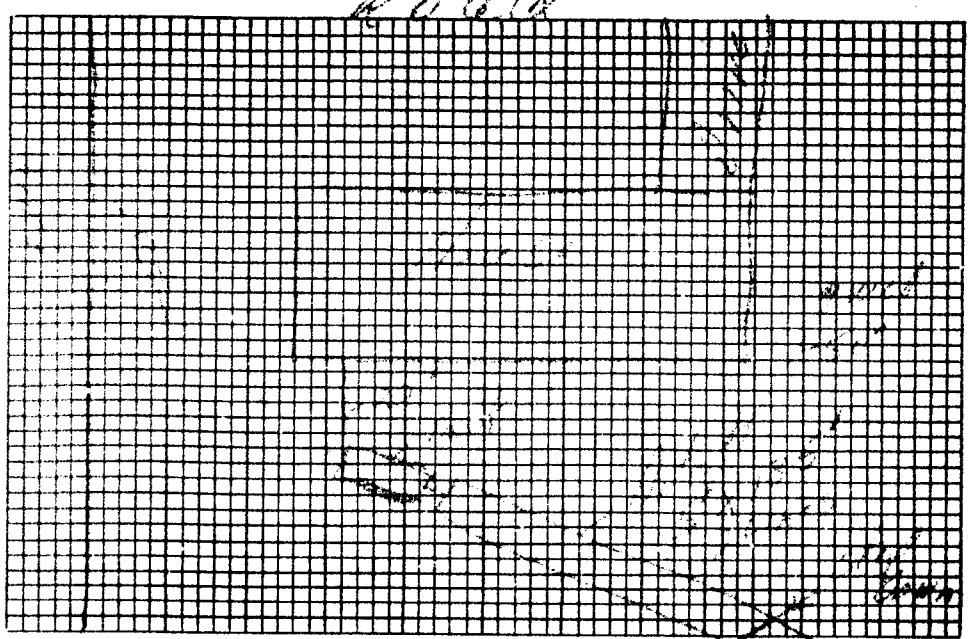
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate Soil Boring
Topography 2 to 5%
Depth to Water Table 10'+
Rock or other impervious formations None

Road



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2 270
Sq. Ft. 675 Linear Ft. ~~540~~
Depth of Stone in Lines 20"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne Osborne

IMPROVEMENTS PERMIT BY Ben Hamilton

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Ben Hamilton DATE 5-30-77

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