Call Tom with Results

**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 Herb Nabb DATE 2-27-75 PERMIT NO. 32

PHONE: Business _____ Home 932-2435

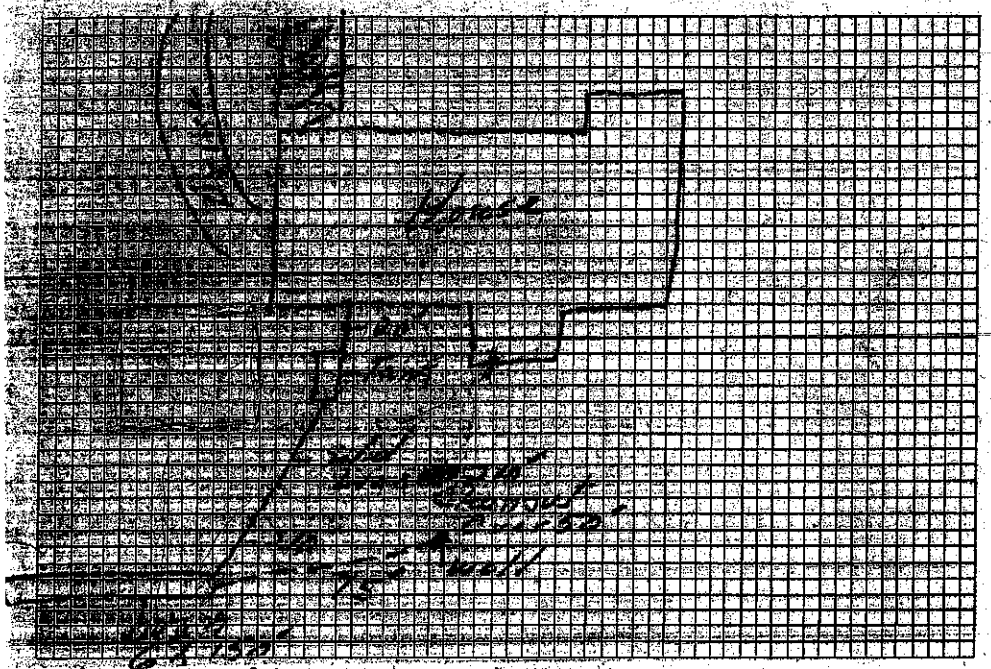
LOCATION 1146 TL on 1143 TR on 1144 ½ mi on left S. R. No. _____

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

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

| | | | |
|---|---|---|---|
| No. Bedrooms 3 | No. Bathrooms 2½ | Character & Porosity of Soil | Clay Loam Poros: Fair |
| Garbage Disposal Unit | Yes ( ) No (✓) | Percolation Rate | Not Taken |
| Auto. Dishwasher | Yes (✓) No ( ) | Topography | 2% Slope |
| Auto. Wash. Machine | Yes (✓) No ( ) | Depth to Water Table | 10' + |
| Site Suitable | Yes (✓) No ( ) | Rock or other impervious formations | None |

Lot Area 3 Acre +/-




Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 24"
Water Supply: Individual (✓)
Public ( )

Installed by _____

Grade ~~line~~ area were Lines to be to make Level Cover on Nitrification Line

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Set Tank below basement Level 3' Fall 210' to Nitrification Line 12" of Stone below Pipe on 4" to Top of Pipe on Line from ~~Tank~~ to Line Put Cleanout Ever 50'

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