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 Julious Smith DATE 5-21-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 - T.L. on Old Mt. Rd. T.R. on #1369 (Shiloh Rd) 4th across Rd #1333. Cross Railroad - Trailer on L. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil: Sandy Clay

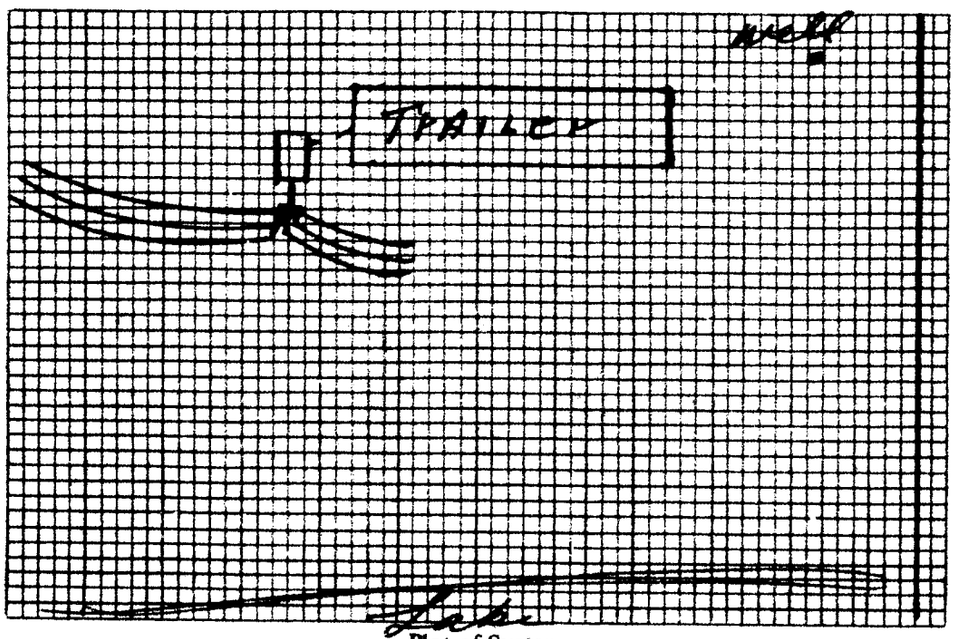
Percolation Rate: 70 Mins Just

Topography: Slight Slope to Lake

Depth to Water Table: High

Rock or other impervious formations: None

Lot Area 2 Acres



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY E. G. Stevenson

COMMENTS: Original Layout Changed due to high water Table & Well

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 5-21-74

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