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 Jim Head DATE 2/2/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION House on Rt. at access area

S. R. No. _____

SUBDIVISION NAME Spring Shores LOT NO. 85 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 20 ccc sq ft

Character & Porosity of Soil Prof Suitable

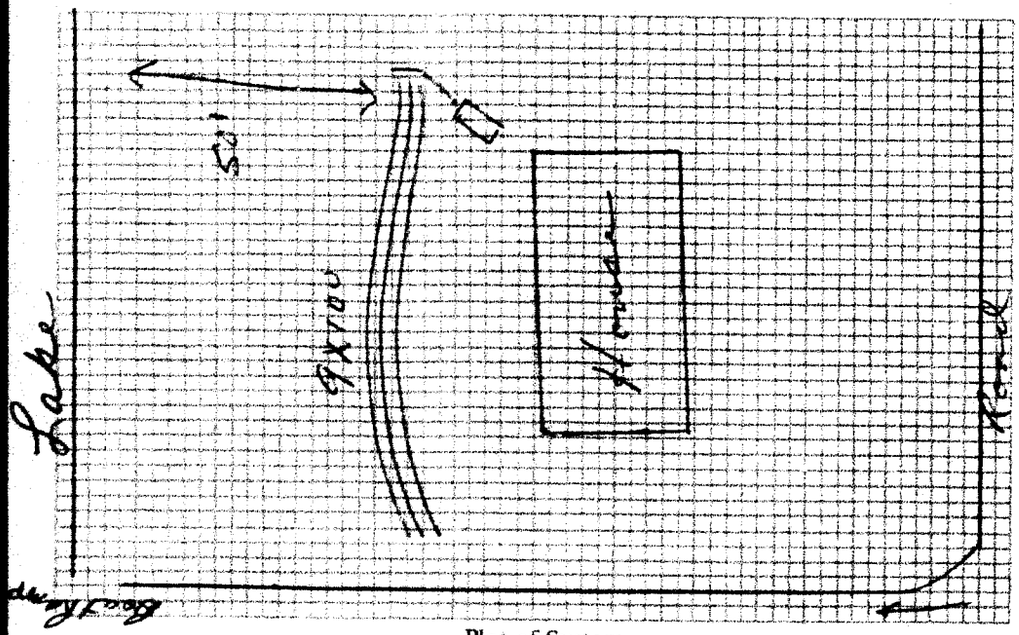
Percolation Rate _____

Topography Slope to Lake

Depth to Water Table Low

Rock or other impervious formations [redacted]

Some rock in bottom of ditch from about 60' on to end.



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 16" +

Water Supply: Individual ( )

Public (✓)

Installed by Harlie Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: House not started at time of inspection. House foundation to be at least 10' from Septic Tank & lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 2/2/78

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