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 B. A. Daniels DATE 3-1-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Spring Shore

S. R. No. _____

SUBDIVISION NAME Spring Shore LOT NO. 79 SECTION OR BLOCK NO. _____

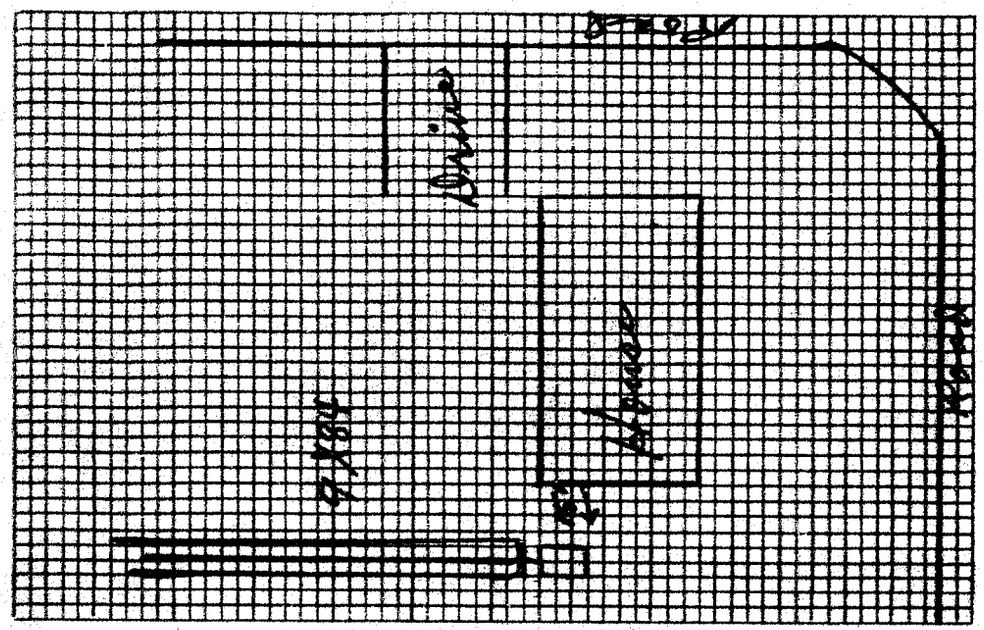
House (✓) Mobile Home ( ) Business ( ) Other _____

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 20,000 sq ft +

Character & Porosity of Soil Clay Loam
Percolation Rate _____
Topography Slope Low
Depth to Water Table _____
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tanks Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Important that downspouts and surface water be diverted away from tank & lines.

CERTIFICATE OF COMPLETION BY Ed. G. Stevenson DATE 3-1-77

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