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 George Catton DATE 4/18/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Spring Shores Sub Division

SUBDIVISION NAME Spring Shores LOT NO. 87 SECTION OR BLOCK NO. _____ S. R. 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 +

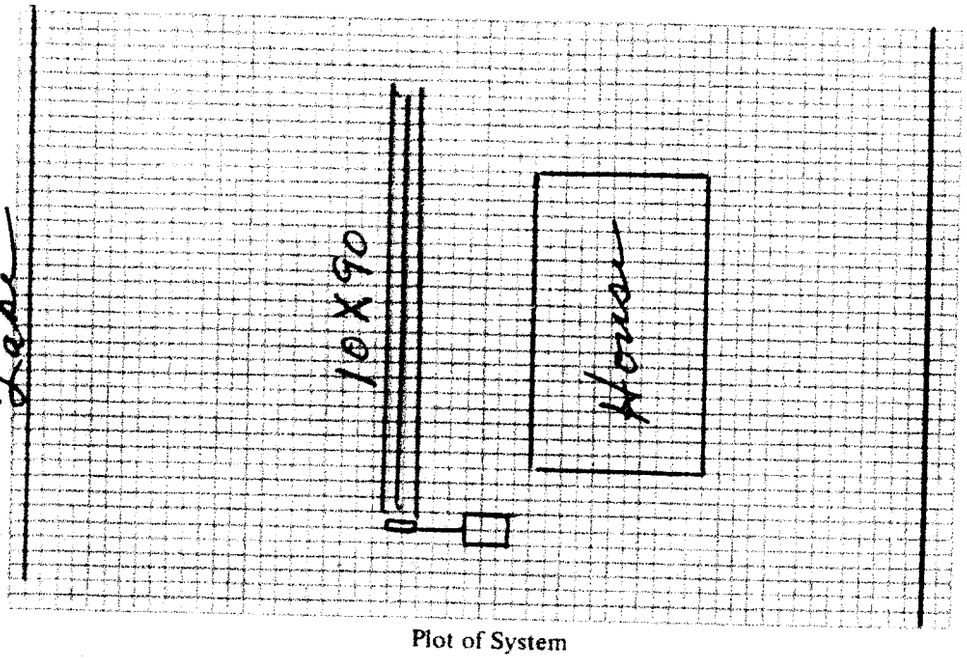
Character & Porosity of Soil Prov Suitable

Percolation Rate _____

Topography Steep Slope

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 270

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Installed by Hobe Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: House Not Started at this time.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4/18/78

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