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 9/18/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Spring Shores Sub Division

S. R. No. _____

SUBDIVISION NAME Spring Shores LOT NO. 107 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20 000 sq ft +

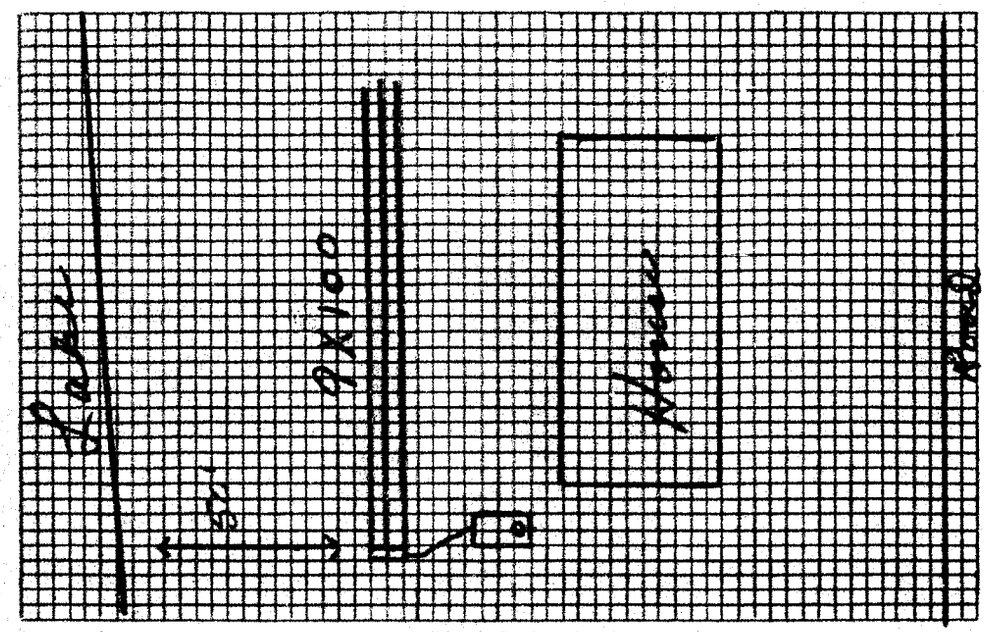
Character & Porosity of Soil Prov Suitable

Percolation Rate _____

Topography Slope to lake

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. 300

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Installed by Ben Daniels

IMPROVEMENTS PERMIT BY _____

COMMENTS: Downspouts + surface water should be diverted away from septic tank + line. Well Tile Put over back hole in tank for Maintenance Purpose

CERTIFICATE OF COMPLETION BY C. G. Stevenson DATE 9/18/77

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