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 Charles Fritzsche DATE 8/16/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Spring Shores Sub-Division
Hickory Ct.

SUBDIVISION NAME Spring Shores S. R. No. _____

LOT NO. 105 SECTION OR BLOCK NO. _____

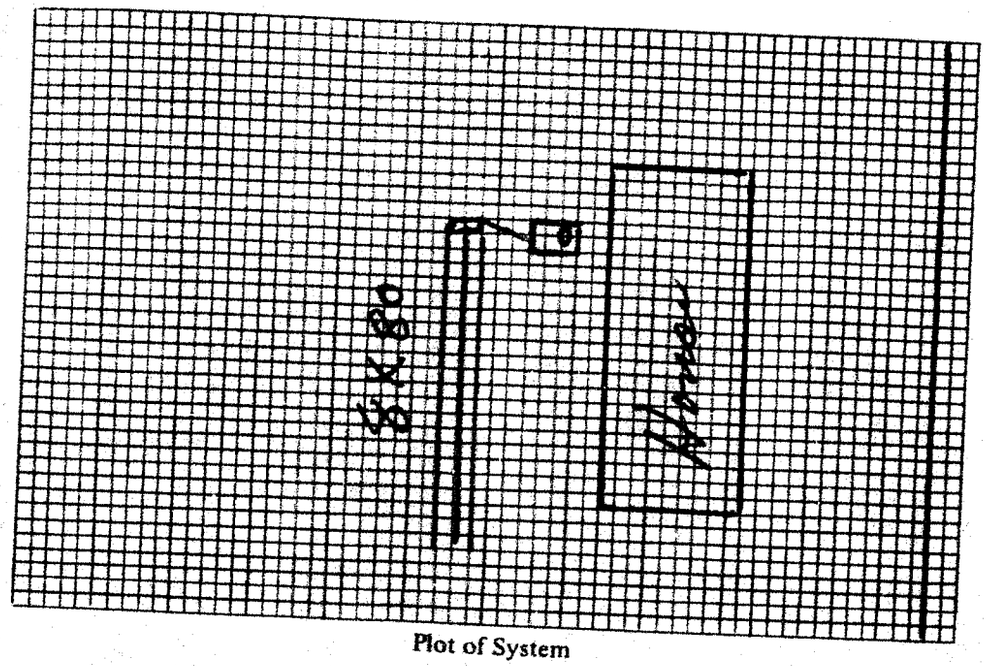
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

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 Slope to back of lot
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 640 Linear Ft. 240
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water + downspouts should be diverted away from tank + lines. ½ well tile put over back hole in tank for Maintenance

CERTIFICATE OF COMPLETION BY C. A. Stevenson DATE 8/16/77

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