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 Thomas Daniels DATE 12 Dec 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N - T. left on Rogers Ch Rd 2nd house on left before Scott Rd S. R. No. _____

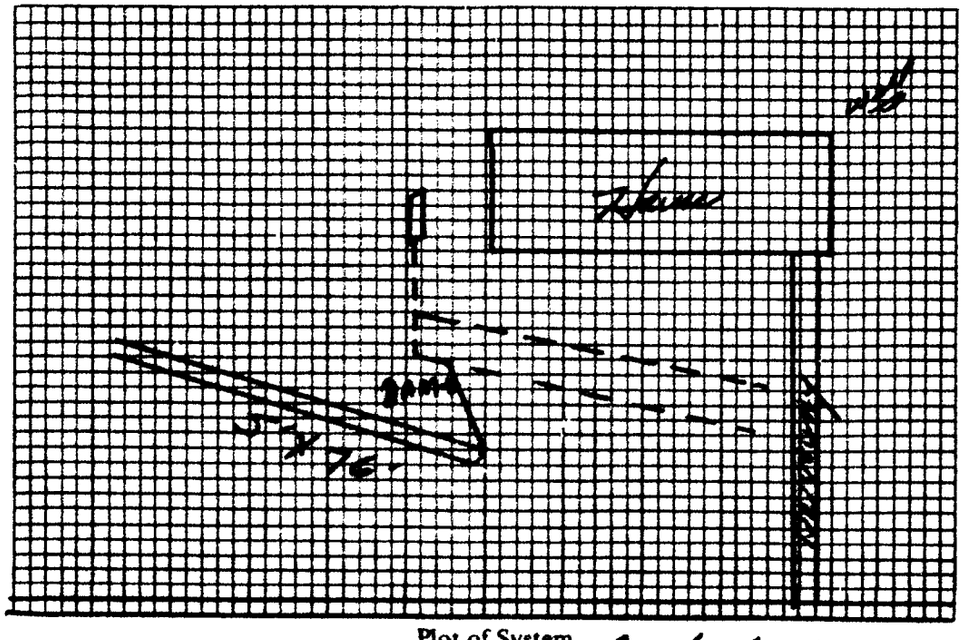
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Sand Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	sure
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Slope & road
Site Suitable	Yes ( )	No ( )	Depth to Water Table	ok
			Rock or other impervious formations	ok

Lot Area _____



Plot of System Rogers Ch. Rd

Size of Tank Regan Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 375 Linear Ft. 150
Depth of Stone in Lines 18"
Water Supply: Individual (✓)
Public ( )
24 hrs of shoe

Installed by Ray Lentz

IMPROVEMENTS PERMIT BY _____

COMMENTS: after 3" sure over stone.

CERTIFICATE OF COMPLETION BY Ann Howard DATE 11 Dec 75

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