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 J. R. Wooten DATE 12-4-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. Building on S/W Corner at Airport Road S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area 150 X 400

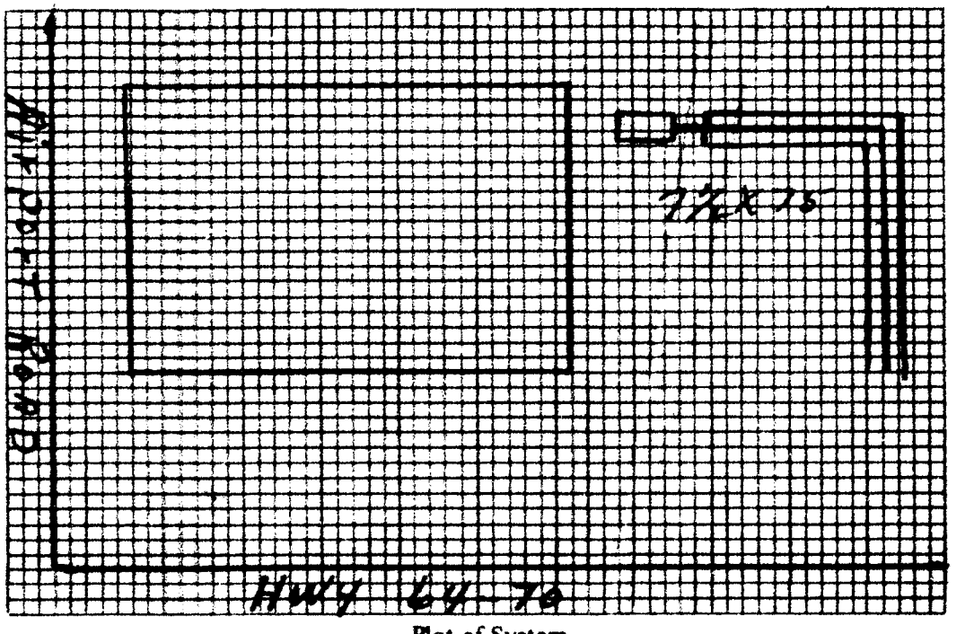
Character & Porosity of Soil Red Clay

Percolation Rate Perk Test

Topography Level

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. 562½ Linear Ft. 225

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

Installed by Robert Hoke
R.E. Fox

IMPROVEMENTS PERMIT BY Glenn Fox Jr

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 12-12

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