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 Woodrow Bush DATE 5/11/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2107 Kennedy Drive

S. R. No. _____

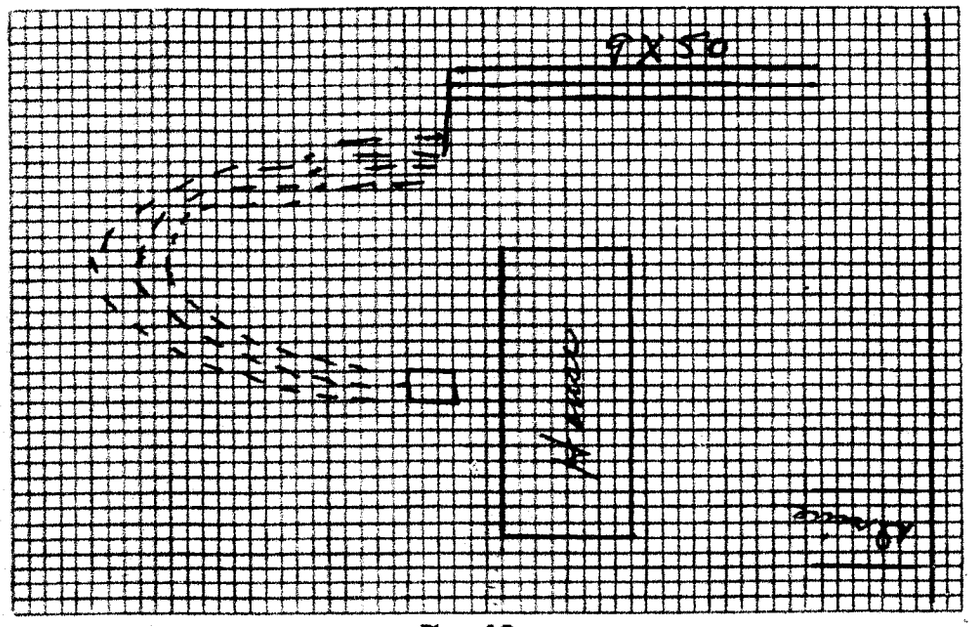
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by J. C. Backhoe Ser
J. C. Forsythe

Old line has a good bit of sludge in it

IMPROVEMENTS PERMIT BY _____

COMMENTS: Fresh dirt to be Packed over Place at turn in red lines where Surfacing. Grade lot So Water will not stand over lines - Divert downspouts and Surface water away from ~~old~~ lines. Pump Tank + Check Tee

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 5/11/79

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