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 Gladys Head DATE 11-3-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1141 Cloer St. Off of Park Drive

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (+)

Auto. Dishwasher Yes ( ) No (+)

Auto. Wash. Machine Yes (+) No ( )

Site Suitable Yes (+) No ( )

Lot Area 1 acre

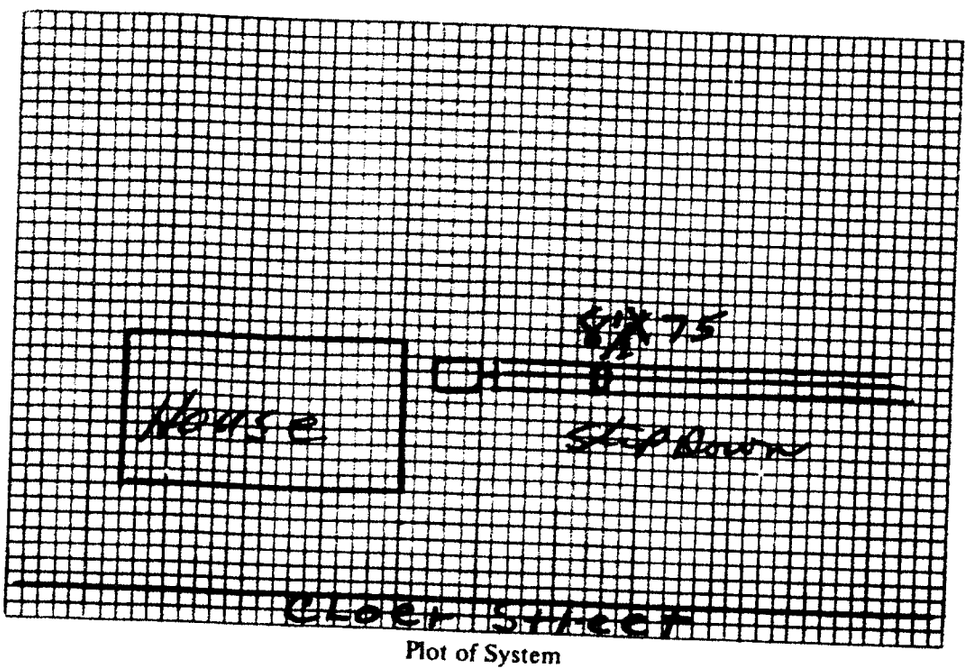
Character & Porosity of Soil Cecil Clay

Percolation Rate _____

Topography Slope to Front Low

Depth to Water Table _____

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 235

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (+)

Installed by Lackey Bro.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Adding Bathroom to existing House
Water from road needs to be Diverted
Away from Tank + Lines.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 11-7-75

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