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 Eddie Hicks DATE 12-19-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N. T.L. on Rd 1555 just before O.C. Grocery Store T.R. on Rd 1623. House at End of road S. R. No. _____

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

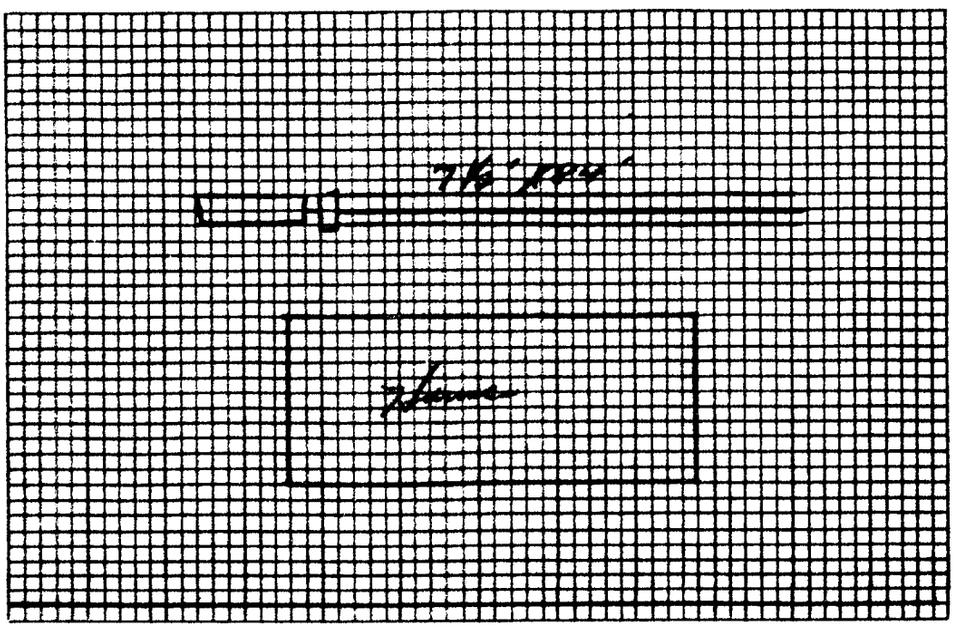
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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 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. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by James Hartness

IMPROVEMENTS PERMIT BY _____

COMMENTS: Drain all downspouts from buttress away from septic tank and clean lines.

CERTIFICATE OF COMPLETION BY W M Howard DATE _____

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