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 Herman Hadley DATE Aug 16, 1977 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N Cross Snow Crk. T.L. on SR. 1561 on Rt.

SUBDIVISION NAME _____ LOT NO. _____ S. R. 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 2 1AC.

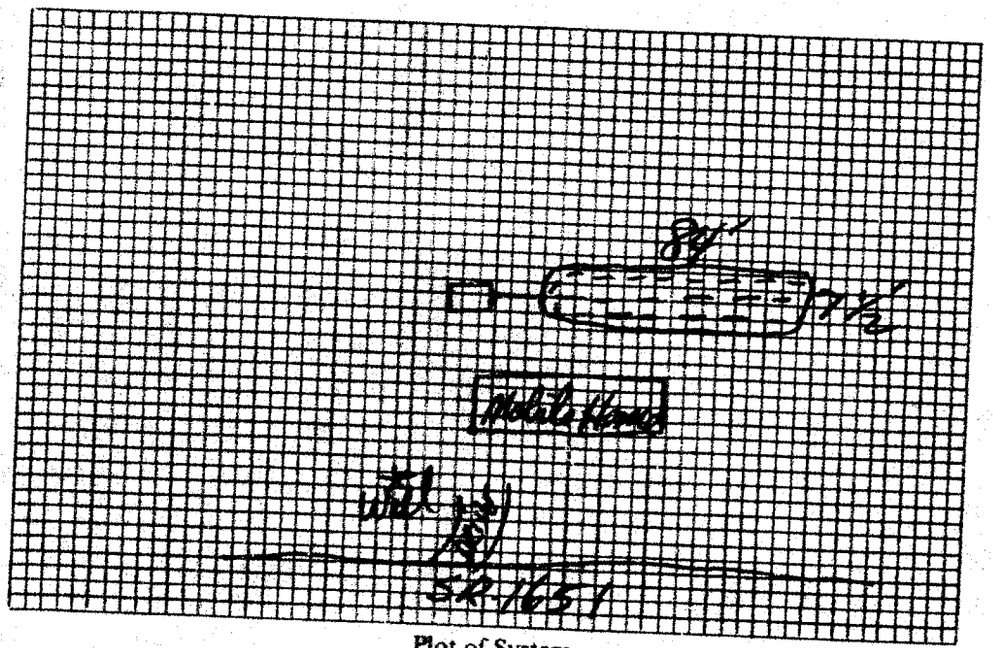
Character & Porosity of Soil Cecil clay loam

Percolation Rate –

Topography 6-10%

Depth to Water Table sink

Rock or other impervious formations none observed



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 350

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Jim Lackey

IMPROVEMENTS PERMIT BY W. M. Howard

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Herman R. Hinson DATE Aug 16, 1977

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