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 Jim Dagenhart DATE 3-3-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn on Perth Rd at Troutman. T.R. just before Skipper Landing. 1st House on L S. R. No. _____

SUBDIVISION NAME J. L. McLean Property LOT NO. 7 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 26000 sq ft

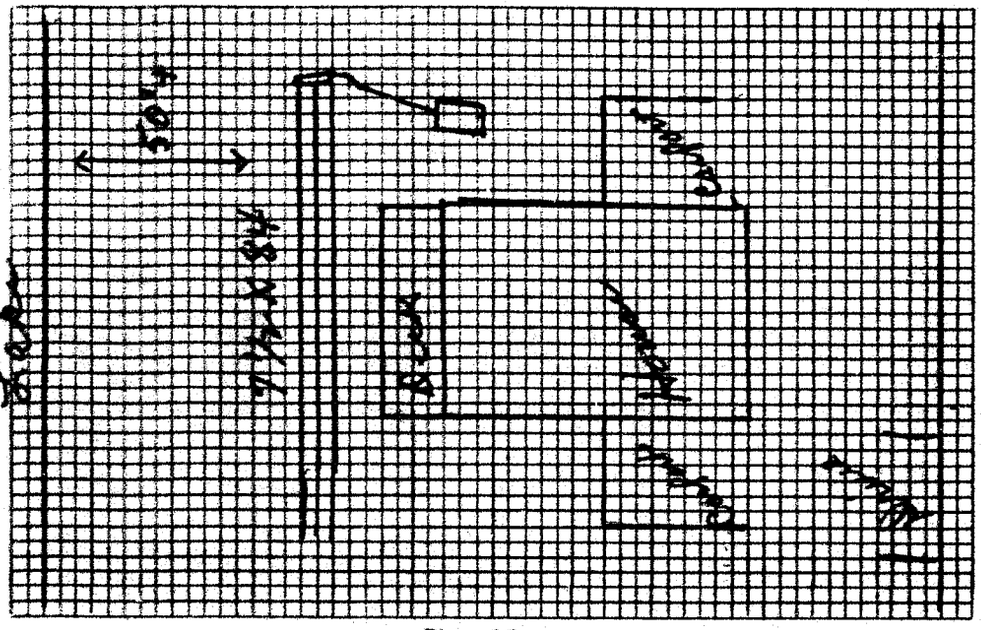
Character & Porosity of Soil Cecil Clay

Percolation Rate _____

Topography Slope to Lake

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well to be More than 50' from Tank + lines. All surface Water Possible should be Diverted away from Tank + Lines.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 3-3-77

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