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 V.F.W. Post #2031 DATE 3-15-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Wallace Springs Road. Statesville N.C. S. R. No. _____

SUBDIVISION NAME Don Webber Past Commander LOT NO. _____ SECTION OR BLOCK NO. _____

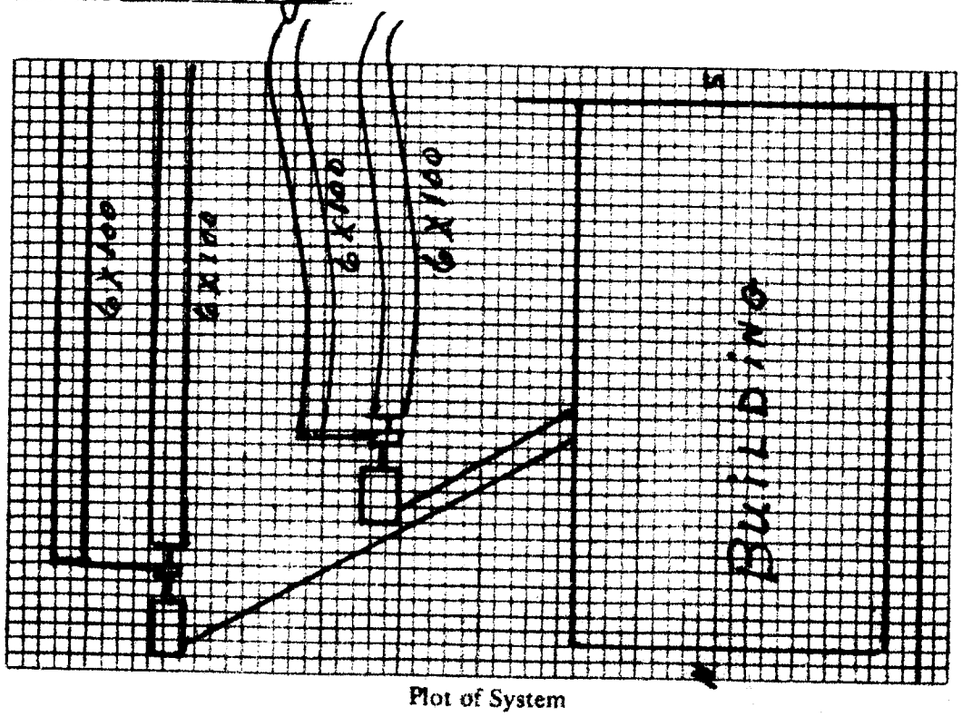
House ( ) Mobile Home ( ) Business ( ) Other Club

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Red Clay
Percolation Rate Satisfactory
Topography Slope to S & E
Depth to Water Table Low
Rock or other impervious formations None

Lot Area Acreage



Plot of System

(2 Systems) Each System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 400
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Each System has 2 Separate Ditches 6" x 100' L

Installed by Lackey Bros

IMPROVEMENTS PERMIT BY E. A. Stevenson & R. W. Johnson

COMMENTS: System based on Percolation rate & Club Membership. Surface water and downspouts should be diverted away from lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 3-15-74

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