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 William N. Dees DATE 4-25-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Out Wallace Springs Rd. Just outside City limits T.R. on Rd 1390. House on R. S. R. No. _____

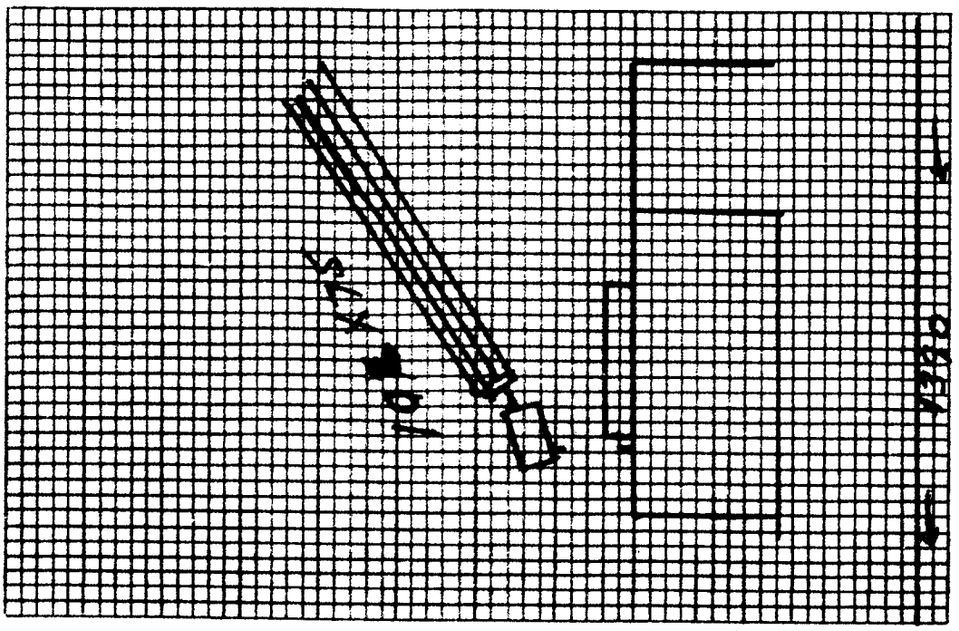
SUBDIVISION NAME Washington Hts. LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to back Low
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
			Rock or other impervious formations	None

Lot Area 20,000 Sq ft



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Robert Hoke
R. E. Foy

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert Water from downspouts away from Tank & Line

CERTIFICATE OF COMPLETION BY E. G. Stutenson DATE 4.25.75

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