Heritage Beds

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 Herb Poole DATE 12/14/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Northmont Sub-Division off of Old Wilkesboro Rd. S. R. No. _____

SUBDIVISION NAME Northmont LOT NO. 56 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 20,000 Sq ft.

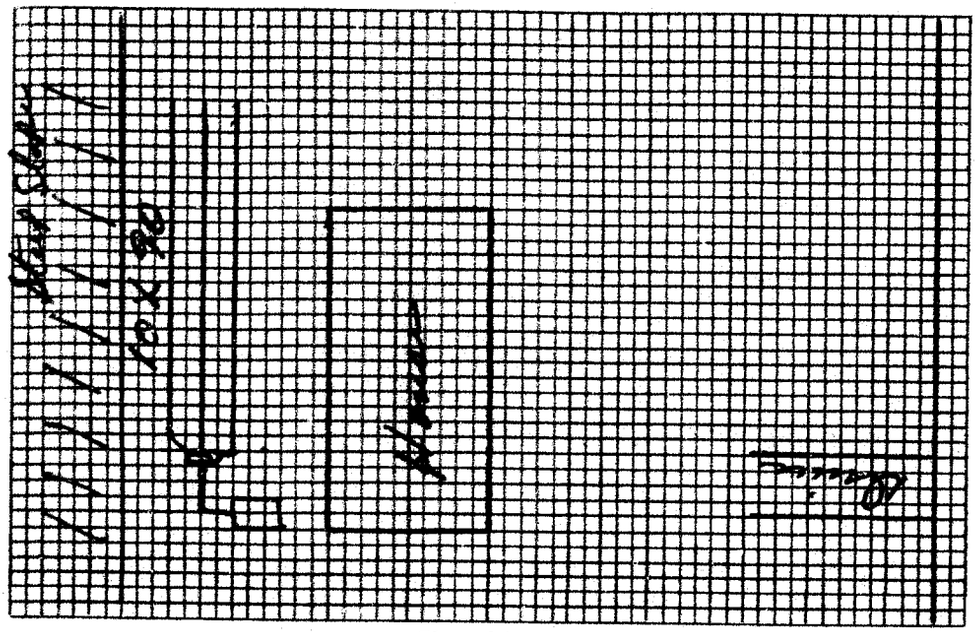
Character & Porosity of Soil Prov Suitable

Percolation Rate _____

Topography Steep Slope

Depth to Water Table Low

Rock or other impervious formations [redacted] Cliff rock



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. ~~300~~ 270

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (+)

Installed by Hoke Septic Tanks

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert downspouts + surface water away from Septic Tank + lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 12/14/79

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