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 Ken Watson DATE 8-21-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1806 Kenmore Circle off Museum Rd S. R. No. 1975

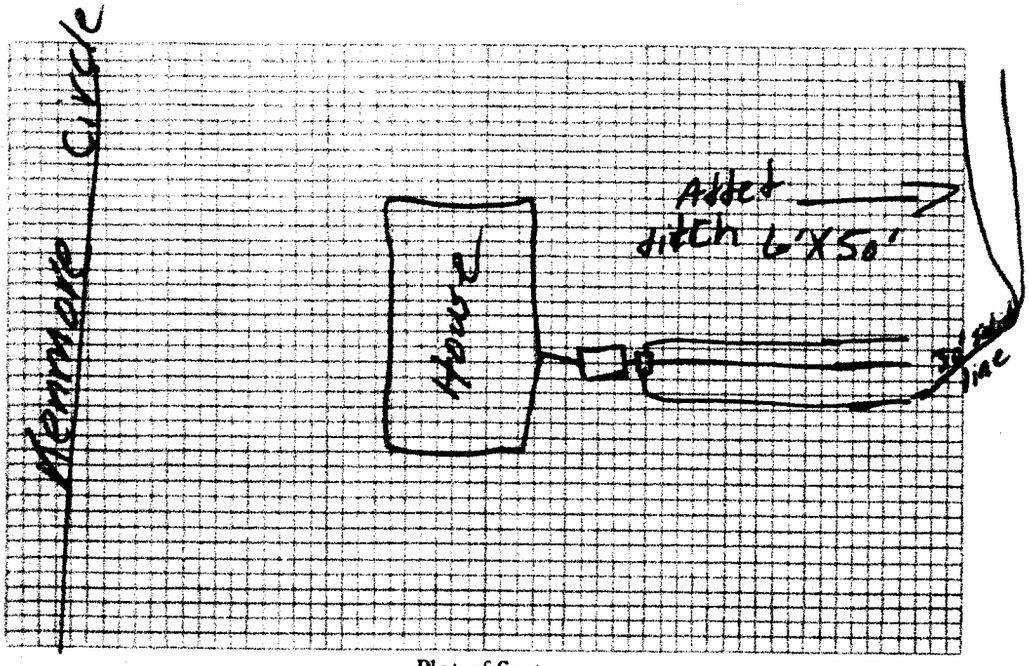
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____ Repair

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	cecil clay	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	6 min/inch	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2% slope	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+	
			Rock or other impervious formations	none	

Lot Area _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by _____

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 8-21-78

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