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 Hobe Pettit DATE 24 Feb 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shilly Trail Rd to Lovely Acres. Home on Corner of Pettit St + Shilly Trail Rd. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. # 5 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 20,000 sq ft

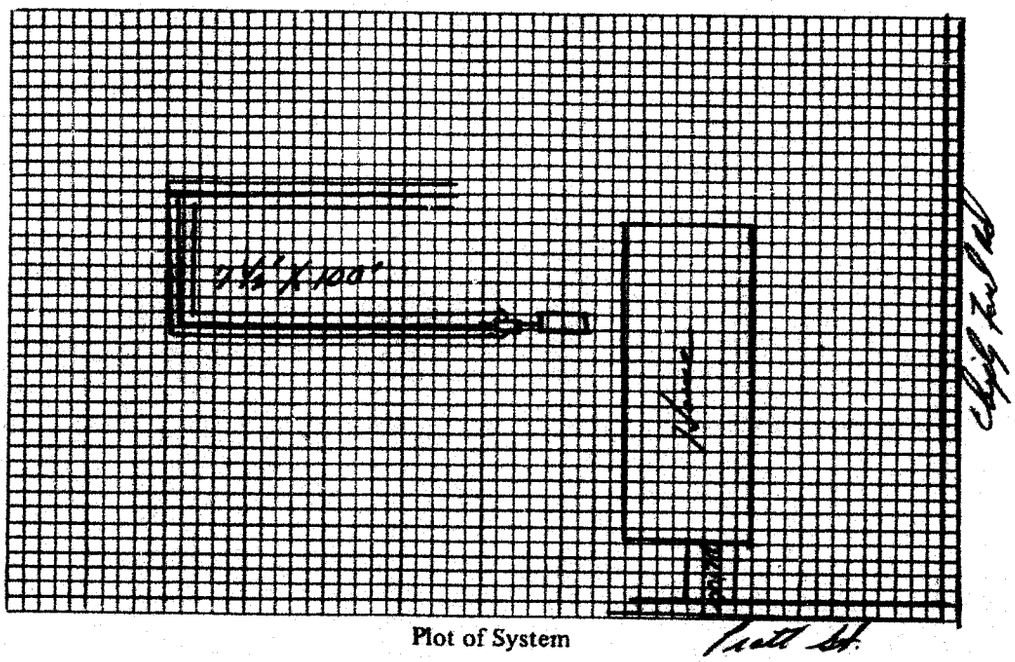
Character & Porosity of Soil Red Clay

Percolation Rate none

Topography Slope to rear of home

Depth to Water Table ok

Rock or other impervious formations ok



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Hobe Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Tom Howard DATE 24 Feb 76

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