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 Scott DATE 11 June 25 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Cloverly Rd 10 & County Down

S. R. No. _____

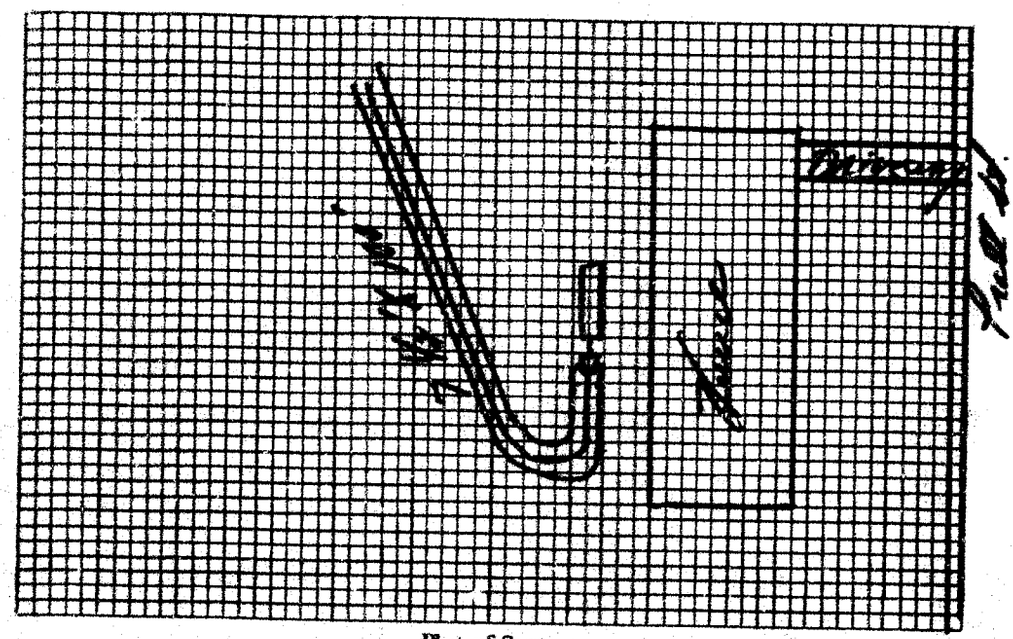
SUBDIVISION NAME _____ LOT NO #17 SECTION OR BLOCK NO. B

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4 min
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to road and left of house
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	ok
			Rock or other impervious formations	ok

Lot Area 20,000 sq ft.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Hobe Scott Ford C.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 18 June 25

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