4645 20 8974

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 Ron Mackey DATE 12-27-78 PERMIT NO. 309

PHONE: Business _____ Home 664-1322

LOCATION 1155 T L on 1102 T L on Langtree Rd Gudger Rd 1208 ¼ mi on Left

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

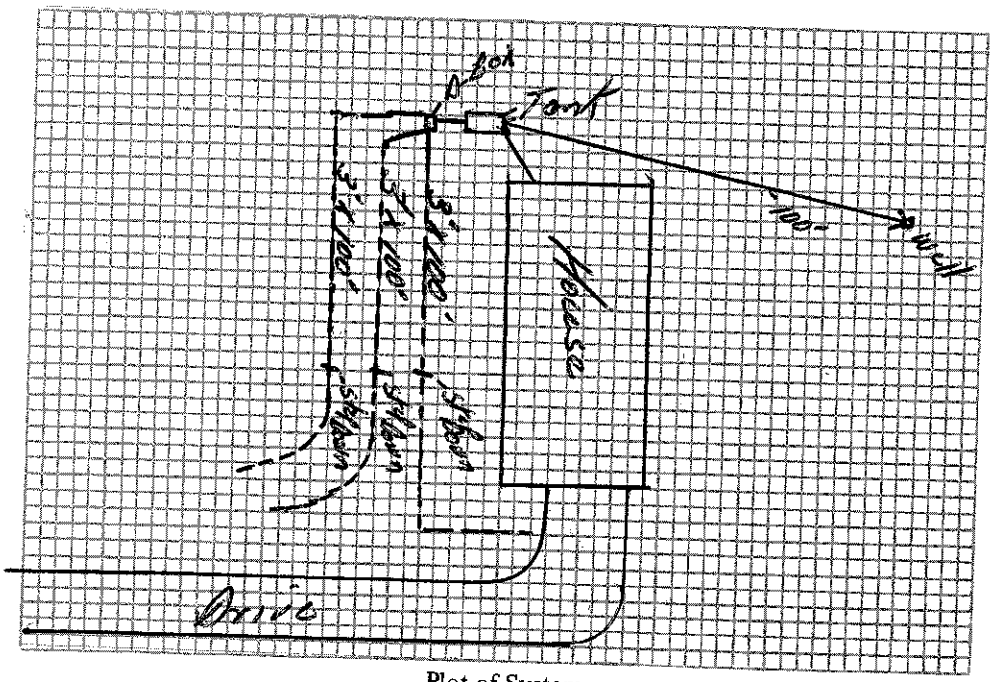
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area 1.08 ac

Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 2% Slope
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by J.R. Bowles

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 12-27-78

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

http://iredell.connectus.com/...

4645 20 8974

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 Ron Mackey DATE 12-27-78 PERMIT NO. 309

PHONE: Business _____ Home 664-1322

LOCATION 1153 T L on 1102 T L on Langfree Gudger Rd R 1208 ¼ mi on Left

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

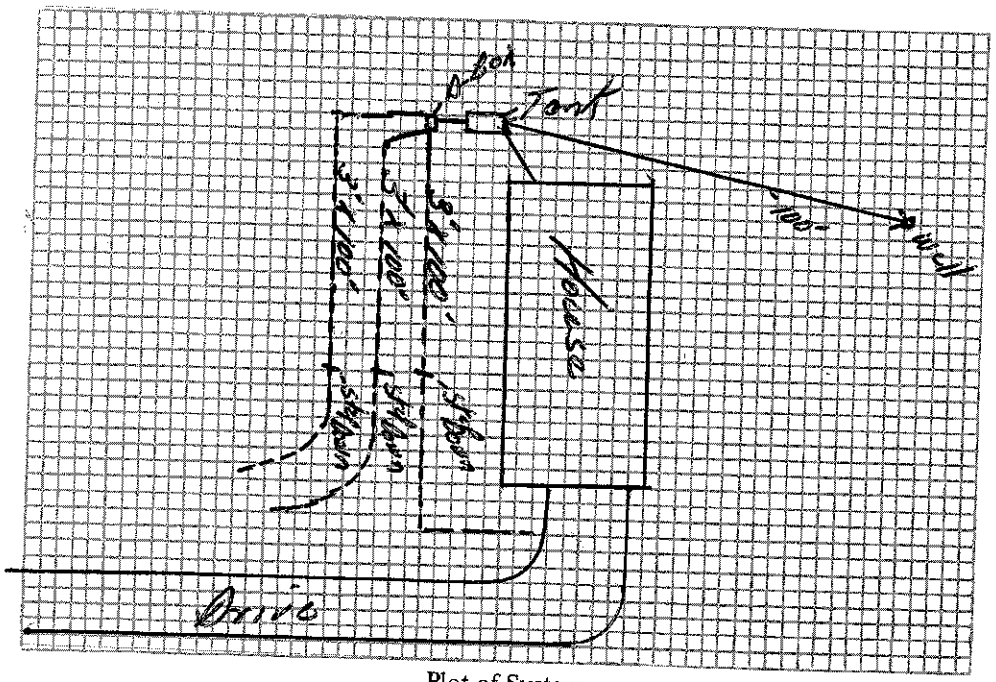
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 3

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

Lot Area 1.08 ac

Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 2% Slope
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by J.R. Bowles

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 12-27-78

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