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 Max Wagon DATE 8-29-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1221 Knox St.

S. R. No. _____

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

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

No. Bedrooms 1 No. Bathrooms 1

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

Lot Area _____

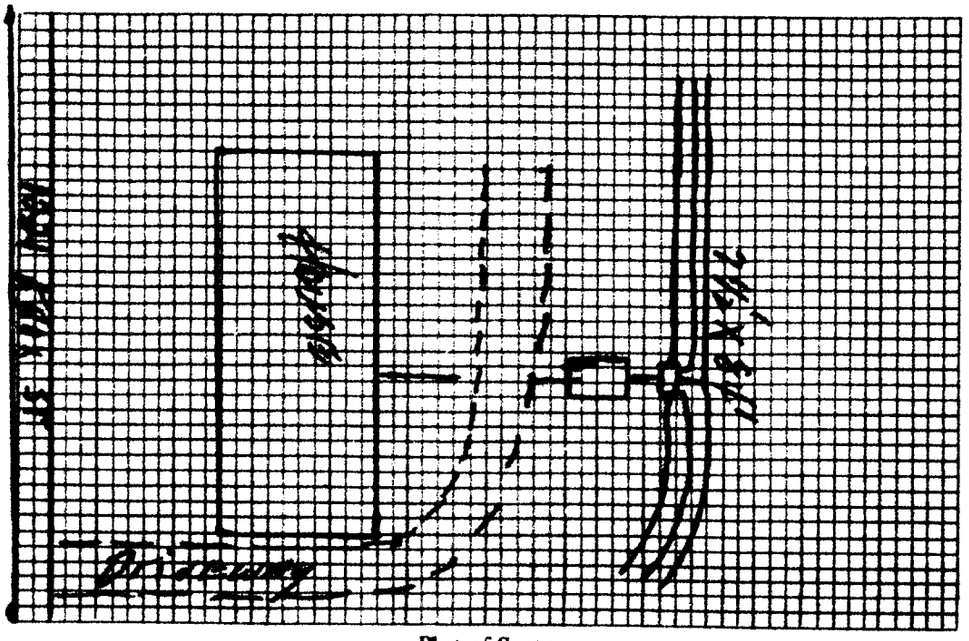
Character & Porosity of Soil Red Clay

Percolation Rate sink

Topography Slope to back

Depth to Water Table sink

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public (✓)

City of Statesville

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: ~~Septic~~ Septic Tank system for bath + washer in basement - Upstairs fixtures on city sewer

CERTIFICATE OF COMPLETION BY Adam Lee Jr. DATE 8/29/74

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