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 City of Statesville, Fire Station #3 DATE 8-5-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Side Dr.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Fire Station

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 255 X 175

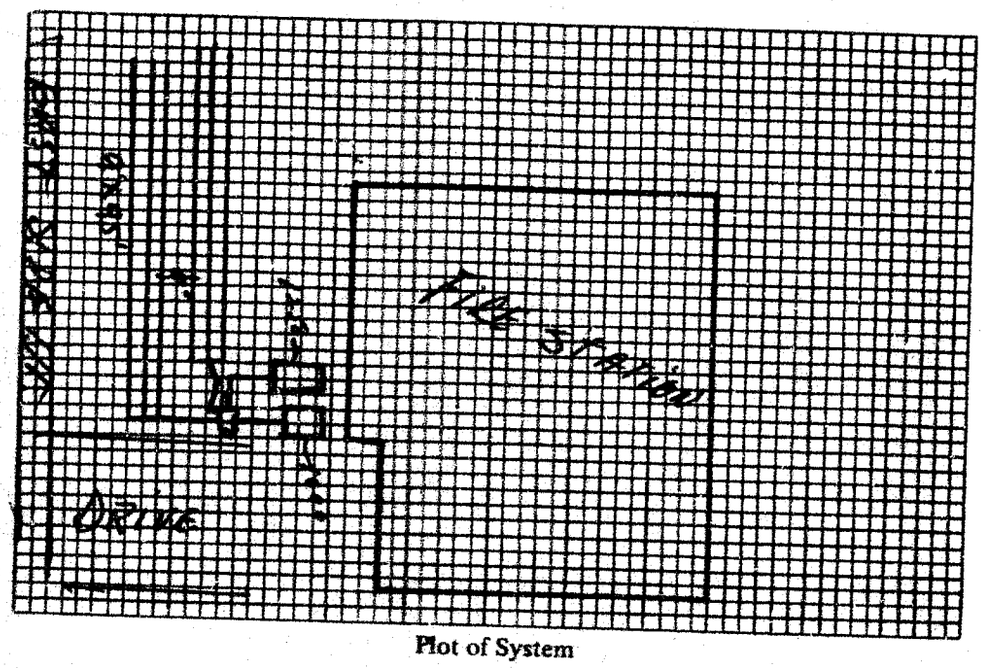
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope to back

Depth to Water Table Full

Rock or other impervious formations None



Plot of System

(2) 1000
Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 6
Sq. Ft. 1620 Linear Ft. _____
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (x)

Installed by Sam Osteen

IMPROVEMENTS PERMIT BY _____

COMMENTS: This system reduced due to limited space

CERTIFICATE OF COMPLETION BY Glenn Fox Jr. DATE 8/5/75

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