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 McAllister Const. DATE 5-28-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 513 Polly Dr.

_____ S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms _____

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

Lot Area _____

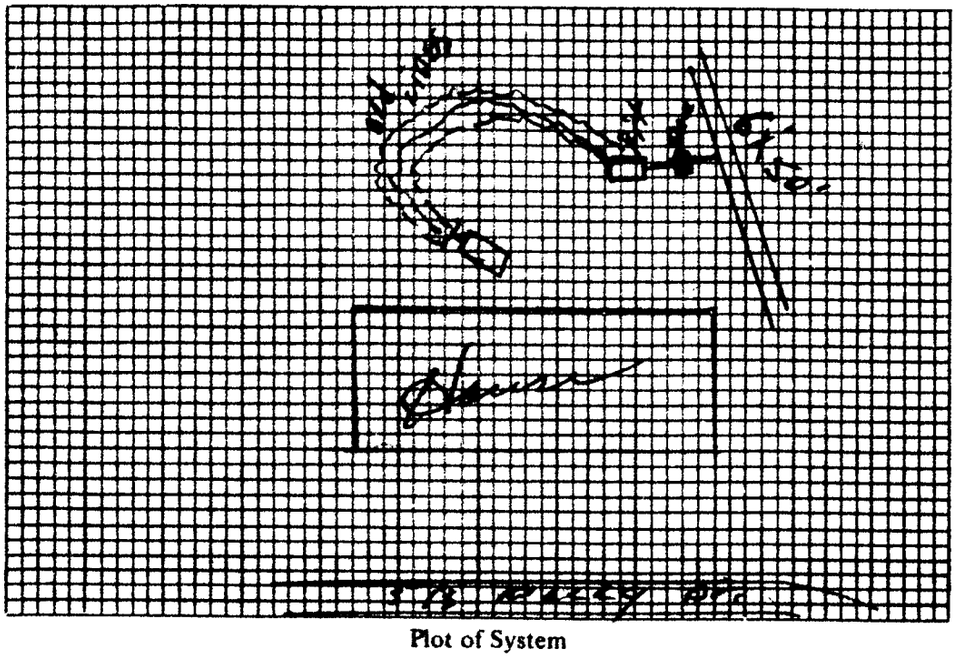
Character & Porosity of Soil Clay

Percolation Rate Clay

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (X)

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: This system should work with normal water usage and downspouts piped away from drainfield

CERTIFICATE OF COMPLETION BY Steven Fox DATE _____

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