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 Gary Barker DATE 2-27-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TL on Rd # 1933 across creek – house on Rt

S. R. No. 1933

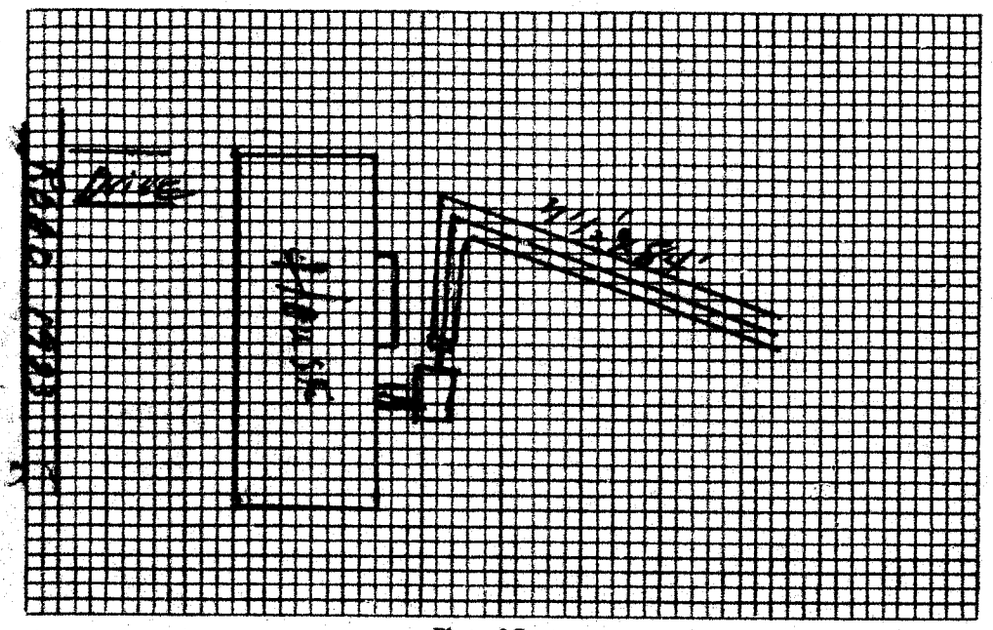
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cu	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	Fast Clumpy	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to Rd Side + Front	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	25+	
			Rock or other impervious formations	None	

Lot Area 150 X 227



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: Nitrification Field deep & Stubbed out too deep.

CERTIFICATE OF COMPLETION BY _____ DATE 3/27/76

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