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 Don Keatley DATE 8-6-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION US 21 N TR on Jane Sowers Rd 1/4 mi on left. S. R. No. _____

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

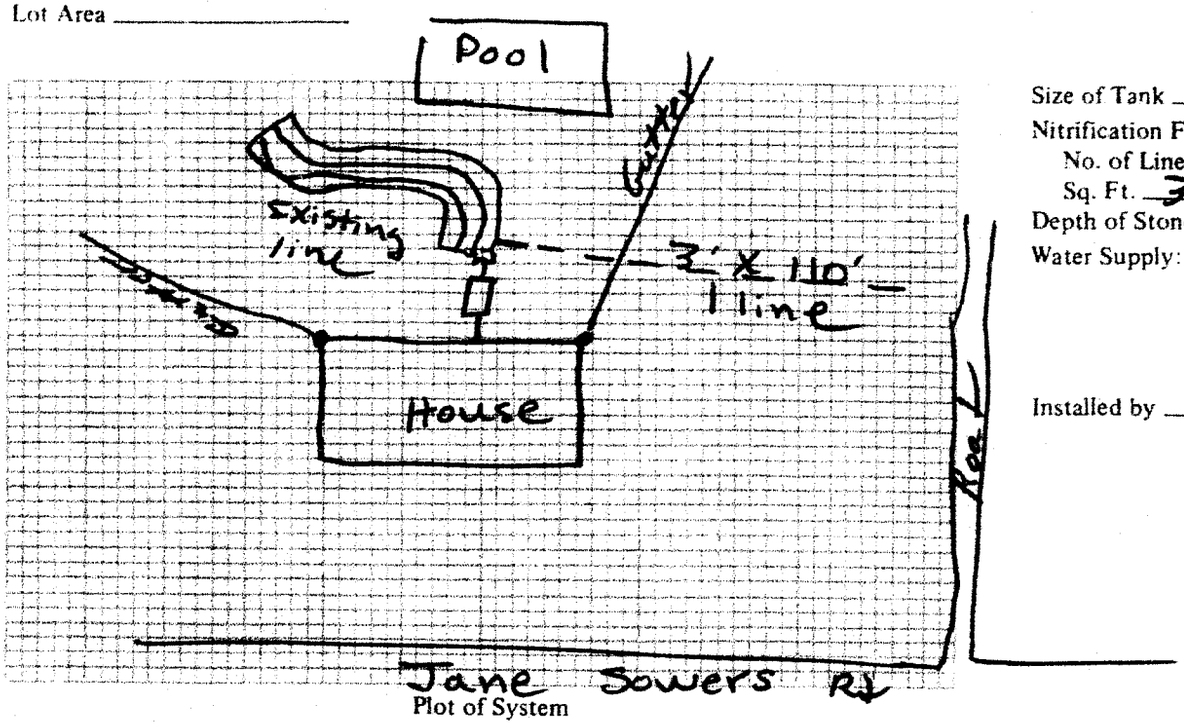
House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil Cecil clay loam
Percolation Rate 80 min/inch
Topography 2 to 6% slope
Depth to Water Table 10' +
Rock or other impervious formations none

Lot Area _____



Plot of System

Size of Tank Existing gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 330 Linear Ft. 110
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: landscape & pipe Gutters so surface water will not stand over Tank or lines.

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 8-6-79

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