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 Walter K. Poteat DATE 6-26-79 PERMIT NO. _____

PHONE: Business _____ Home _____

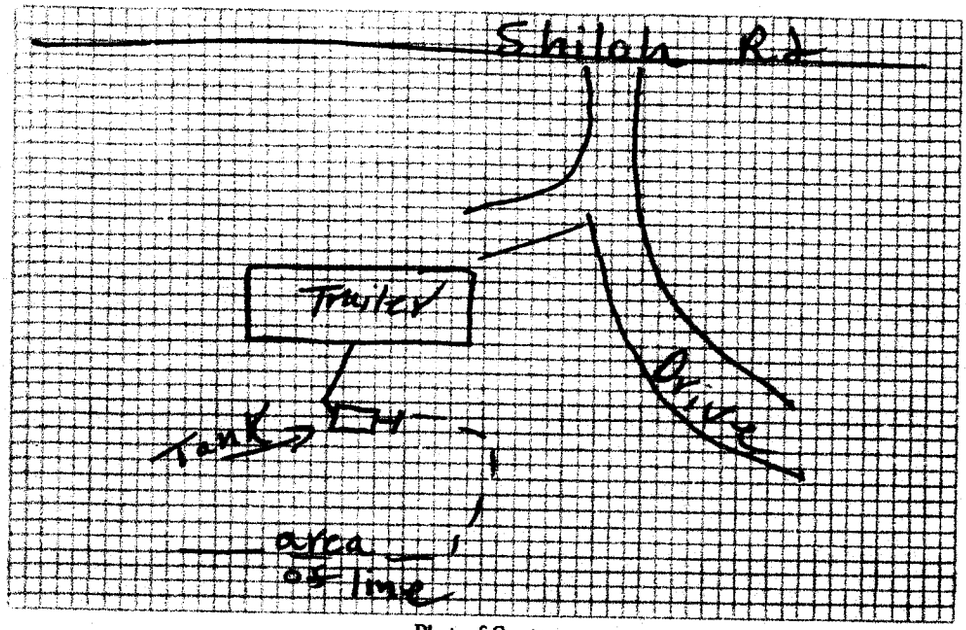
LOCATION 70 E TR on Shiloh Ch. Rd Cross 3rd creek 1mi on left S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Existing
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	
Lot Area acreage			Rock or other impervious formations	System



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by Clyte Hoke 1968

IMPROVEMENTS PERMIT BY _____

COMMENTS: System was working at time of inspection.

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 6-26-79

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