15
84

# 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 Rose DATE 7-21-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 343 Joria Dr

S. R. No. _____

SUBDIVISION NAME _____ 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 _____

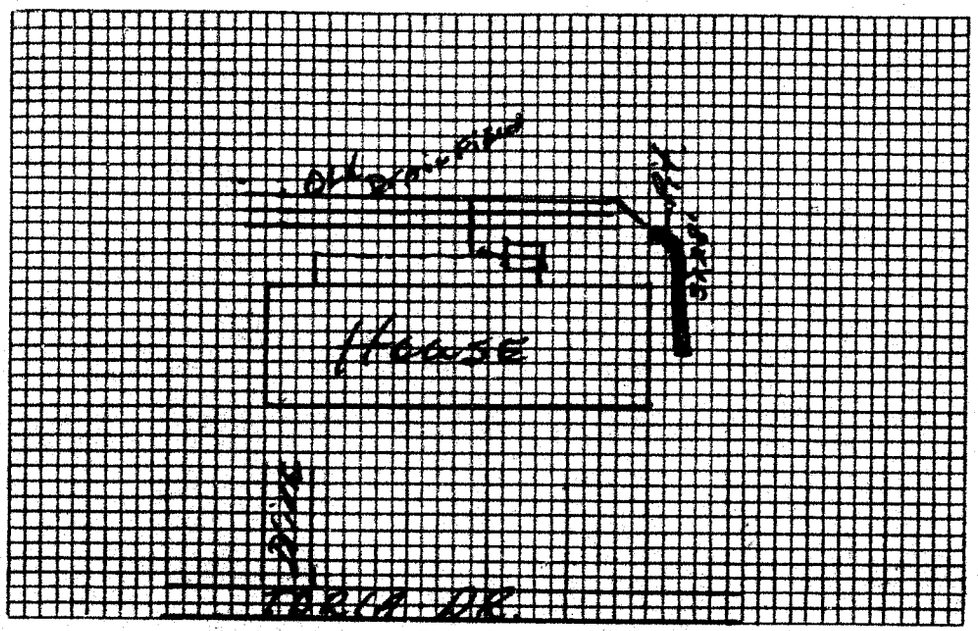
Character & Porosity of Soil _____

Percolation Rate Repair

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____




Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 84 Lineal Ft. 28

Depth of Stone in Lines 24"

Water Supply: Individual ( )

Public (✓)

Installed by Hicks Septic Tank Serv.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Put 28' to end of drainfield at suggestion of R.A. Johnson-Sanit. Supervisor - Soil has some stone structure, but some sandy Type Clay

CERTIFICATE OF COMPLETION BY _____ DATE 7/27/76

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