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 Tommy Johnson DATE 8-31-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION East Broad St. before creek TL on Paved St 1st lot on right S. R. No. _____

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

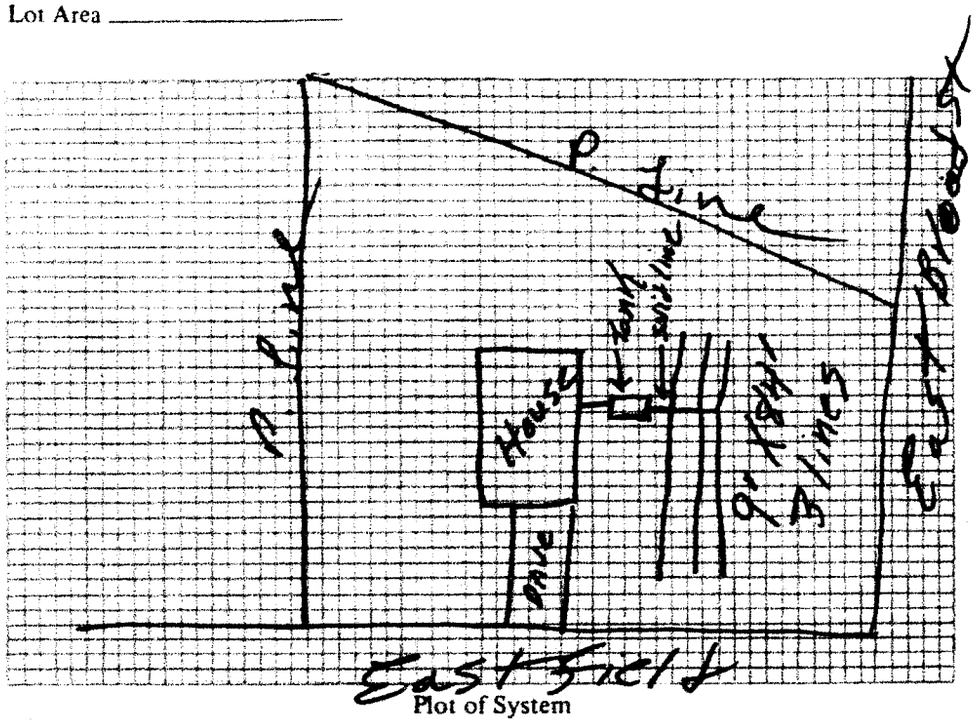
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil Sandy Clay
Percolation Rate <60 min
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Allan Freeze

Change in lay-out authorized 8-30-79 by S.C. moore

IMPROVEMENTS PERMIT BY S. C. moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY S. C. moore DATE 8-31-79

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