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 WATT ALEXANDER DATE 6-9-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION EAST BROAD ST EXT - TR ON FLORENCE DR. TL ON IDLEWOOD DR. 2ND LOT ON RT. S. R. No. _____

SUBDIVISION NAME IDLEWOOD 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	( )

Lot Area 25,000

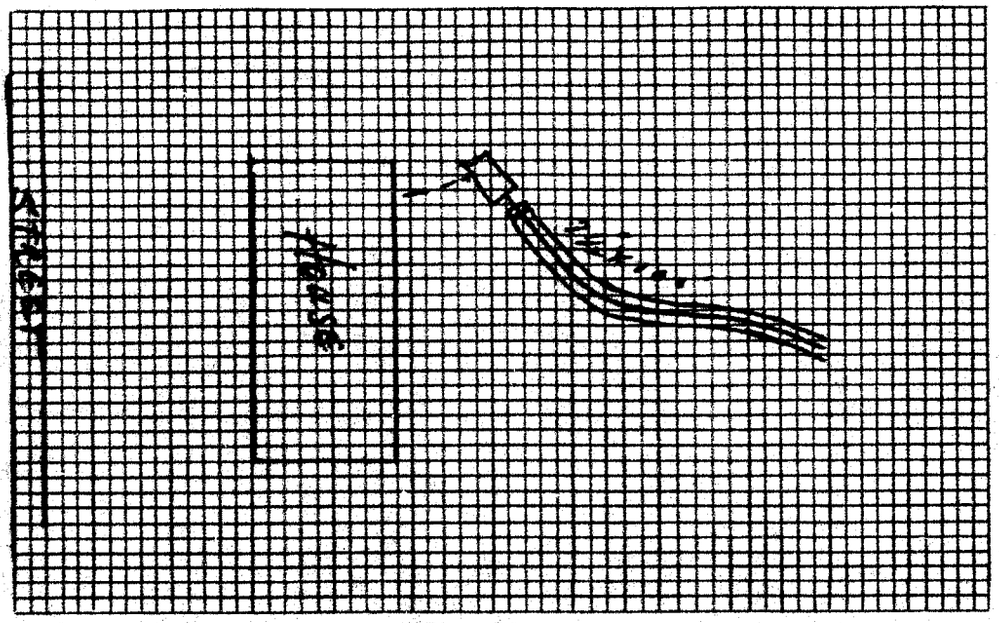
Character & Porosity of Soil CGC2

Percolation Rate avg

Topography Slope to Rear

Depth to Water Table unk

Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 300
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by R.L. BEAVER

IMPROVEMENTS PERMIT BY _____

COMMENTS: S.T. set deep - drainfield shallow at end of lines and should be covered at least 2 ft. when graded.

CERTIFICATE OF COMPLETION BY [signature] DATE 6/9/76

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