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 Donald Walker DATE 10-12-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TR on 2171 S. R. No. _____

SUBDIVISION NAME Meadowview LOT NO. 62 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Adding Den

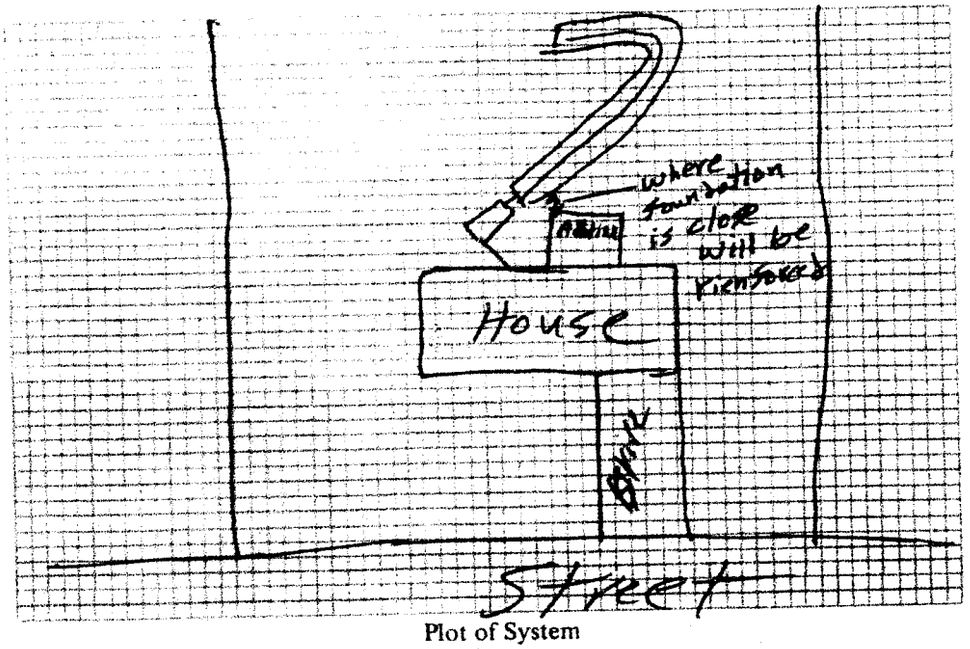
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 14,000 Sq. Ft.

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Existing System



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke septic Tank
8-2-77

IMPROVEMENTS PERMIT BY _____

COMMENTS: system was working at time of inspection.

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 10-12-78

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