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 Flake Pratt DATE 6-4-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jane Sowers Rd

S. R. No. _____

SUBDIVISION NAME Meadowview LOT NO. 27 SECTION OR BLOCK NO. IV

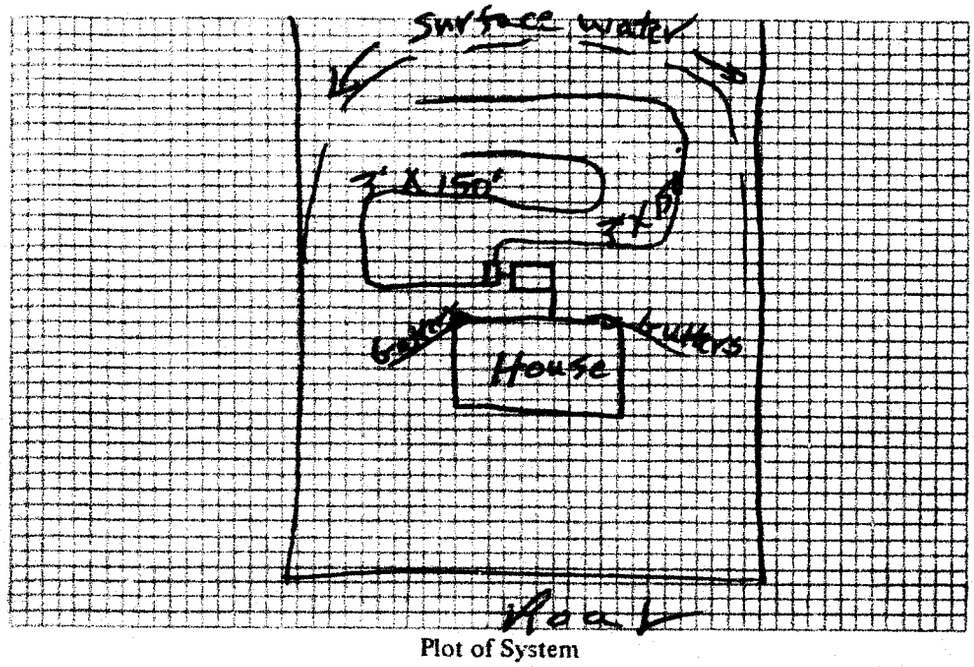
House (✓) Mobile Home ( ) Business ( ) Other _____

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 1/2 acre

Character & Porosity of Soil Cecil + Appling clay
Percolation Rate 120 min/inch
Topography 2 to 6%
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY R. C. Moore

COMMENTS: It is very important that surface water is diverted away from area of Tank + Lines, Pipe Gutters + cut small Terrace above Lines

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 6-4-79

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