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 Wade Blackwelder DATE 3-7-80 PERMIT NO. _____

PHONE: Business _____ Home _____

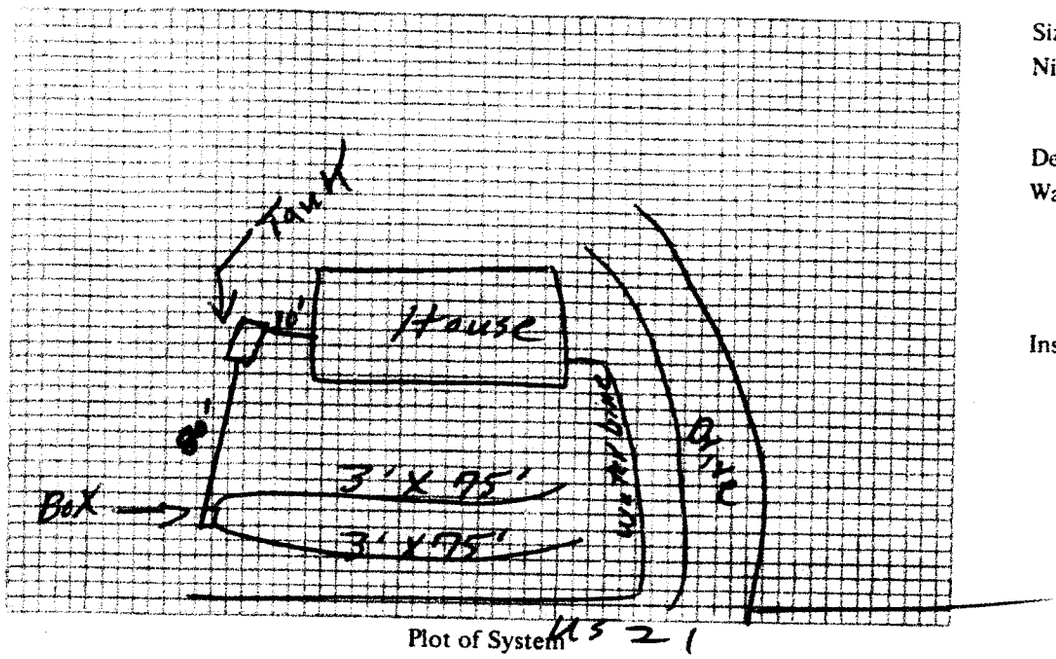
LOCATION US 21 N 2nd house on R Past Prison Camp Rd. S. R. No. _____

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

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

No. Bedrooms _____ 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 Cecil Clay
Percolation Rate 60 min/inch
Topography 2 to 6 %
Depth to Water Table 10'+
Rock or other impervious formations none



Plot of System US 21

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Paul Fryc

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 3-7-80

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