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 Wayside Fire Dept. DATE 9-7-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E

S. R. No. _____

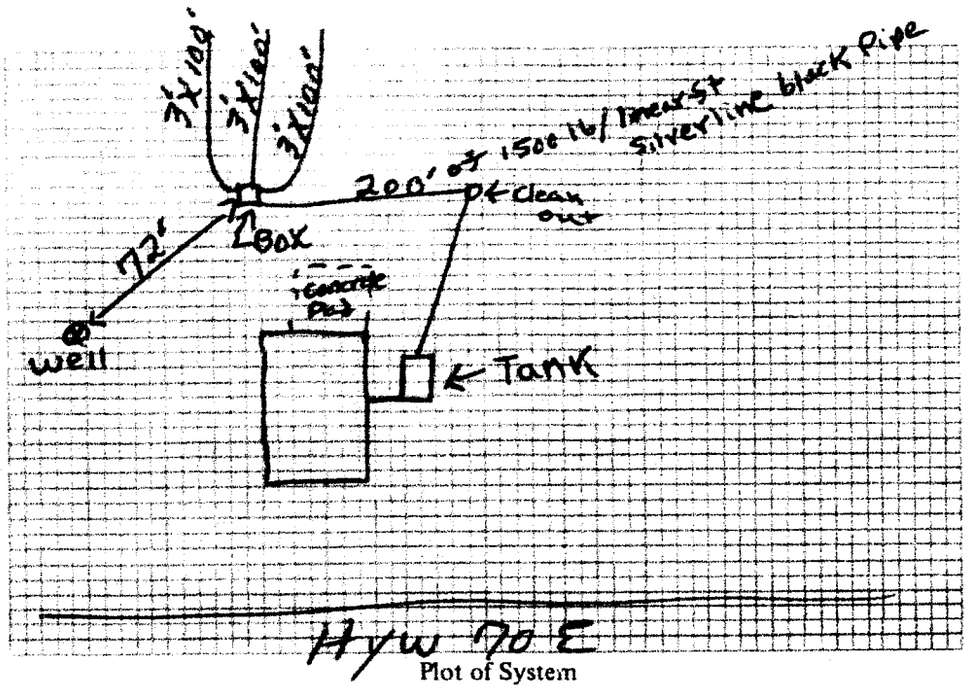
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Fire Dept.

No. Bedrooms _____ No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	CmB2
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	mod
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 6 %
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY Glenn Fox

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 9-7-78

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