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 Ray Wood DATE 2 Jan 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION W. Andrews Rd

SUBDIVISION NAME Statesville Country Club S. R. No. _____

LOT NO 243 & 244 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 2 1/2

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

Lot Area _____

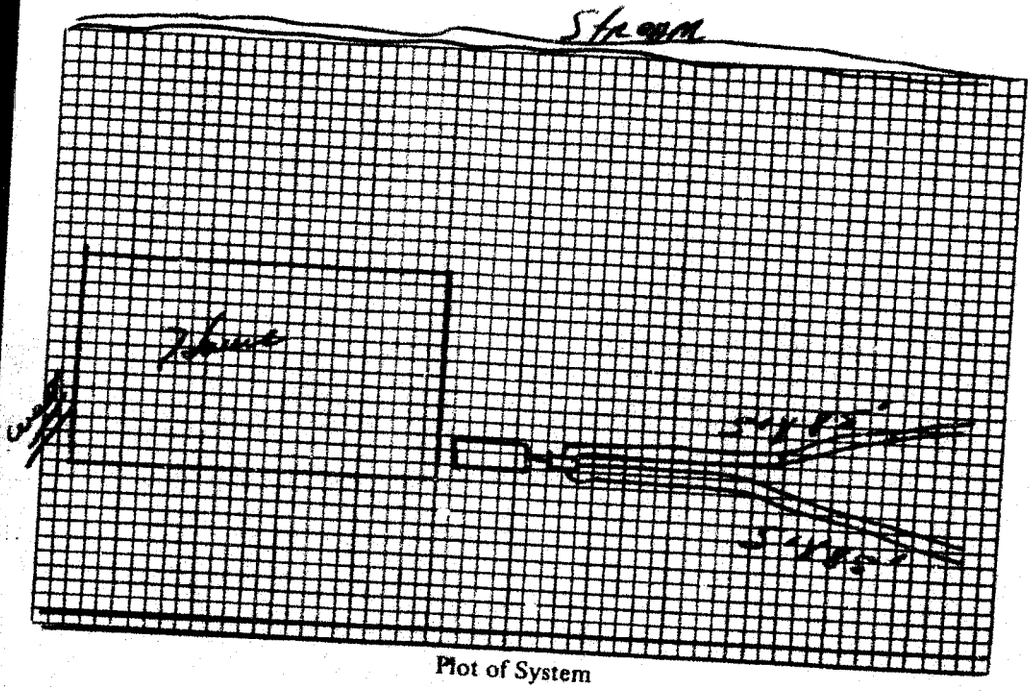
Character & Porosity of Soil water table very close & tight bottom

Percolation Rate slow perk

Topography slope & stony

Depth to Water Table 6 - 10 ft

Rock or other impervious formations none



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 250 Linear Ft. 340

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by R.A. Wray Contractor

IMPROVEMENTS PERMIT BY _____

COMMENTS: Two concrete dams & 40ft fall

CERTIFICATE OF COMPLETION BY W.M. Howard DATE _____

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