IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 13 Article 13C)

OWNER OR CONTRACTOR Paul Gillespie DATE 1986 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Statesville Country Club - St Cloud Dr

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 269 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit Yes (✓) No ( )

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 40,000 sq. ft.

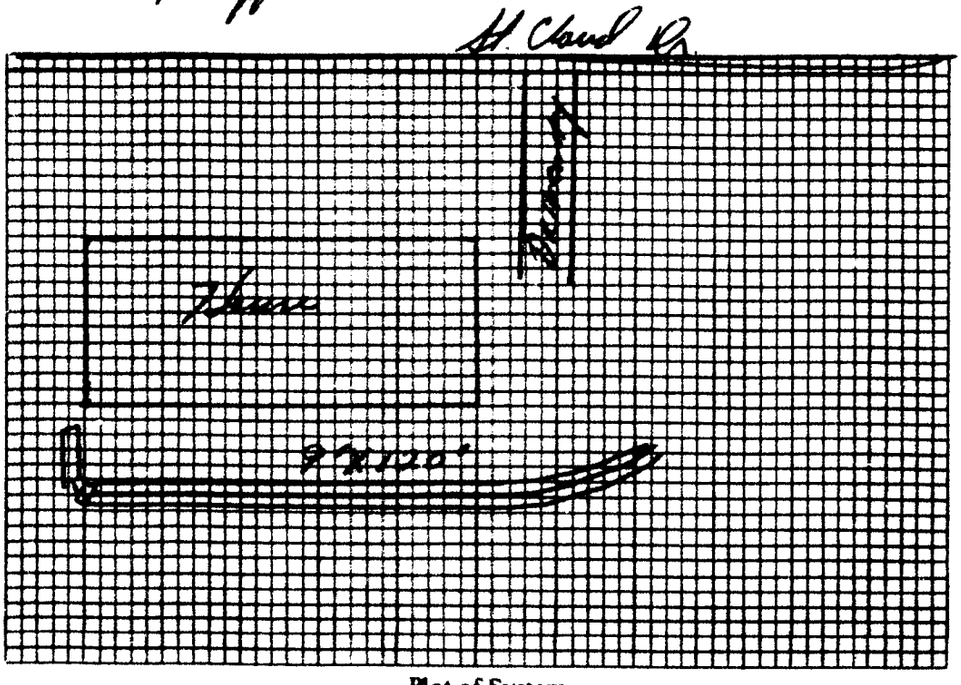
Character & Porosity of Soil Clay loam

Percolation Rate 90 min

Topography Slope to stream

Depth to Water Table ok

Rock or other impervious formations ok



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1080 Linear Ft. 360

Depth of Stone in Lines 18"

Water Supply: Individual ( )

Public ( )

Installed by Zeb Little Jr.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 9 Dec 86

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