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 Robert L Williams DATE 4 Feb 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 619 N. Cloud Dr.

S. R. No. _____

SUBDIVISION NAME Statesville Country Club LOT NO. _____ SECTION OR BLOCK NO. _____

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

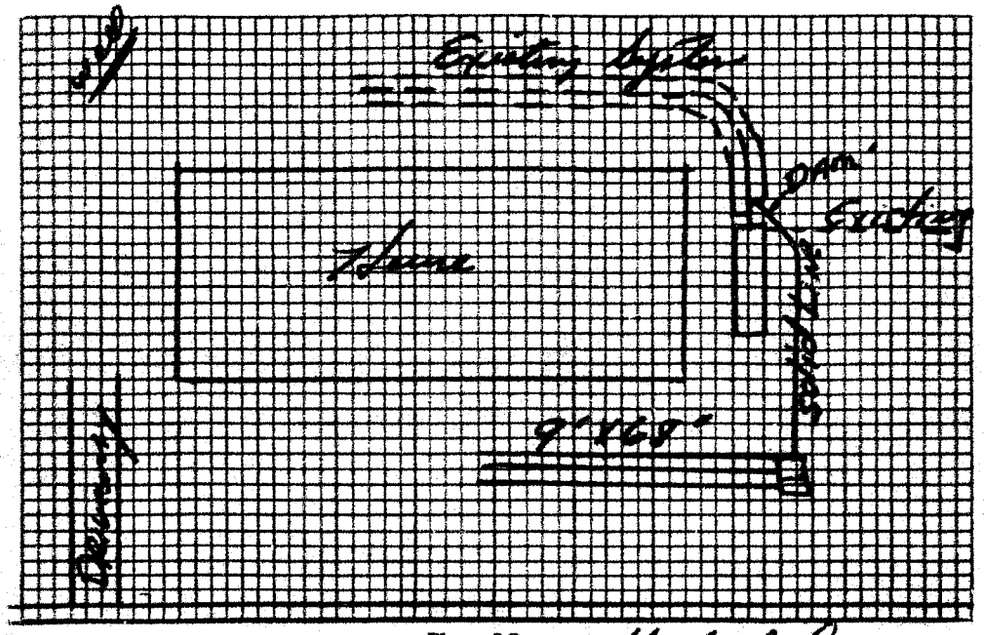
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil mixture of 2:1 clay Light sticky yellow clay
Percolation Rate none
Topography Slope to front of home
Depth to Water Table n/k
Rock or other impervious formations n/k

Repair



Plot of System N. Cloud Dr.

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12" plus
Water Supply: Individual (✓)
Public ( )

Installed by Henry Lyons

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tee coming out side of tank was blocked off + hole in tank cemented. Lay lines in solid earth coming around tank with solid line and backfilled over around tank with clay soil. Soil in drain lines field is very sticky and has very poor absorption qualities.

CERTIFICATE OF COMPLETION BY unsatisfactory DATE 4 Feb 75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Gutters should be drained away from septic tank and drain lines.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold