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 Ben Daniels Associates DATE 6-21-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E. Broad St. Exit Camelot Dr.

SUBDIVISION NAME Camelot LOT NO. 17 S. R. No. _____ SECTION OR BLOCK NO. _____

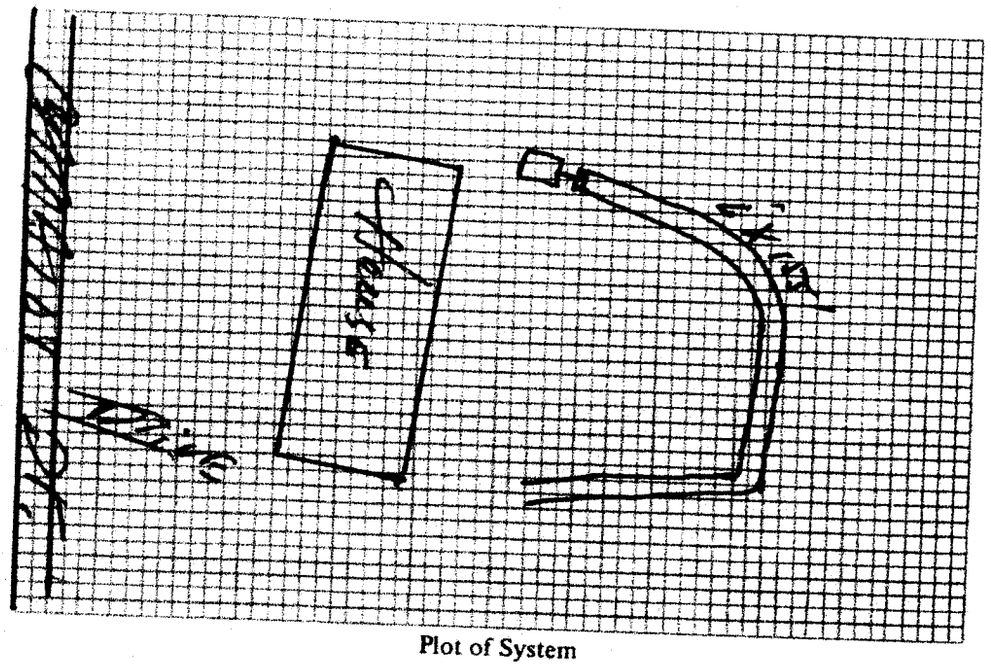
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 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 CLBr
Percolation Rate Fair. good
Topography 2 - 6% Slopes
Depth to Water Table 4ft
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 930 Linear Ft. 310
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Ben Daniels + Co

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 6/24/78

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