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~~ Don Holton DATE 11-2-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E to Beavers Store - TR on Bell Rd — TR 2nd Road Haywood Dr. House on left. S. R. No. _____

SUBDIVISION NAME _____ LOT 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 1 ACRE

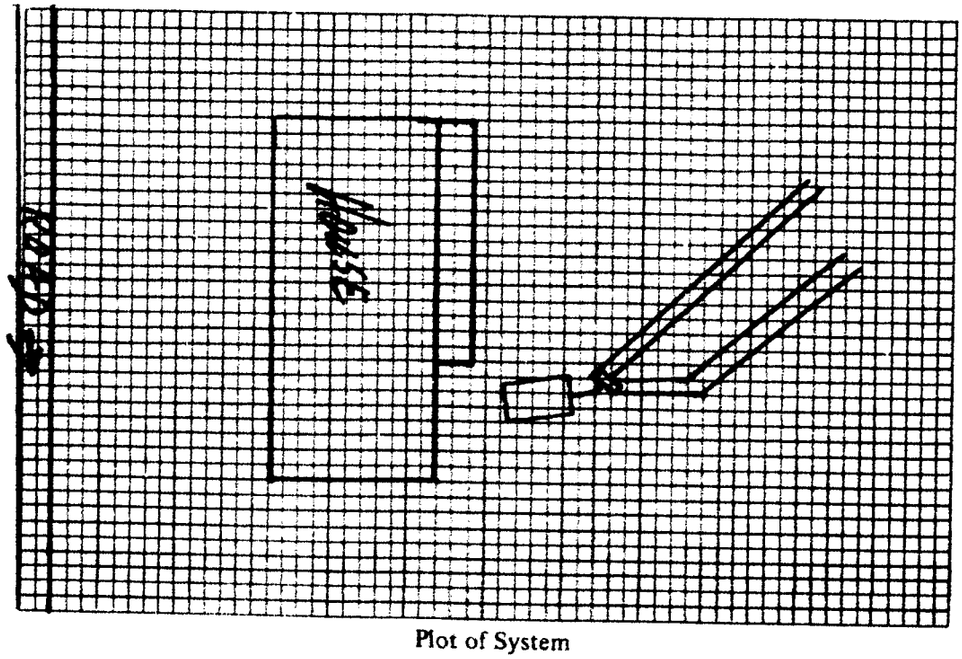
Character & Porosity of Soil Red yellow mixed Clay

Percolation Rate sand

Topography Level

Depth to Water Table sand

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 700 Linear Ft. 280

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by York Rufty
Stony Point, N.C.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Taylor Jr. DATE 11-2-73

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