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 Jeff Holton DATE 3-13-79 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION old 74 TR on 2169 (chestnut Grove Rd) TL on 2160 1 mi on left behind brick house S. R. No. _____

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

Residence ✓ Mobile Home ( ) Business ( ) Other ( )

No. Bedrooms 3 No. Bathrooms 1½

Character & Porosity of Soil Cecil + Clay + gravelly clay loam

Percolation Rate 40 to 80 min/inch

Topography 6 to 10% slope

Depth to Water Table 18"

Rock or other impervious formations possibility of rock formation.

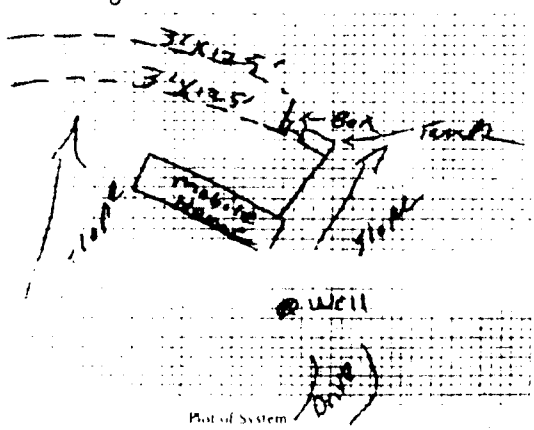
Water Supply acceptable

Yes ( ) No ( )

Yes ( ) No ( )

Yes ( ) No ( )

Yes ( ) No ( )



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ✓
Public ( )

Installed by _____

INSPECTION PERMIT BY R. C. Moore

COMMENTS _____

CERTIFICATE OF COMPLETION BY _____ 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