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 Dennis Powers DATE 1-10-79 PERMIT NO. _____

PHONE: Business _____ Home _____

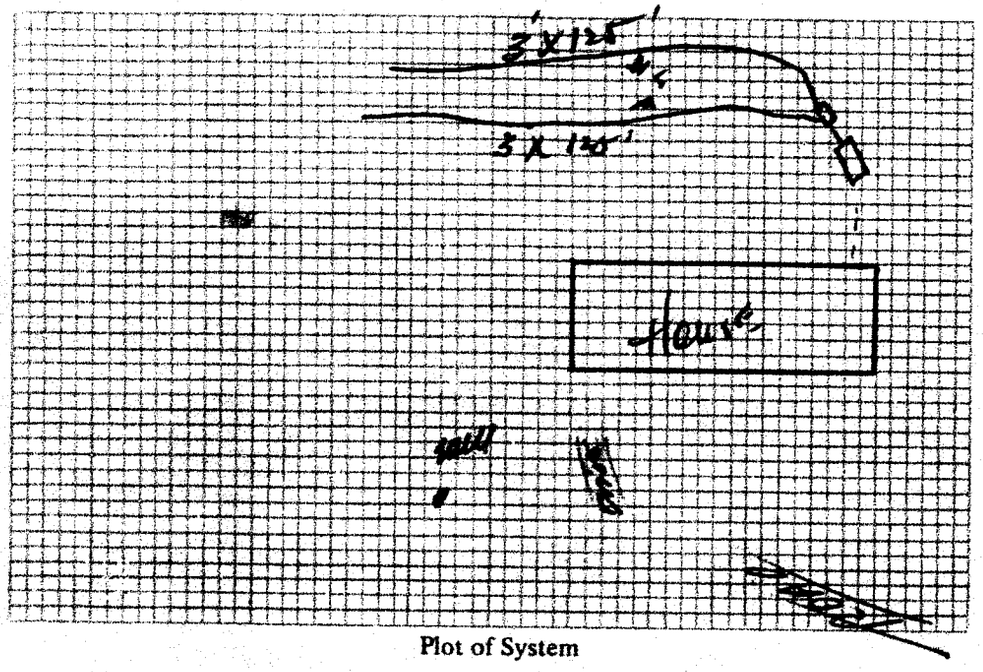
LOCATION 2 N. TR on SR # 2156 – House in field past 1st Brick House on left S. R. No. _____

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

House (✓) Mobile Home ( ) Business ( ) Other _____ Prop. Suitable

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	CTC 2
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 mins
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 – 6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	none
Lot Area	Approx 2 acres		Rock or other impervious formations	none



Plot of System

Size of Tank 1000 Gals.

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

Water Supply: Individual (✓)
Public ( )

Installed by Jimmy Rains

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Coleman J. Fox Jr. DATE 1/10/79

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