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 Roby Hamilton DATE 7-1-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 6.4 E. TL on Rd #2177 - Salem Woods

S. R. No. 2177

SUBDIVISION NAME Salem Woods LOT NO. 44 SECTION OR BLOCK NO. _____

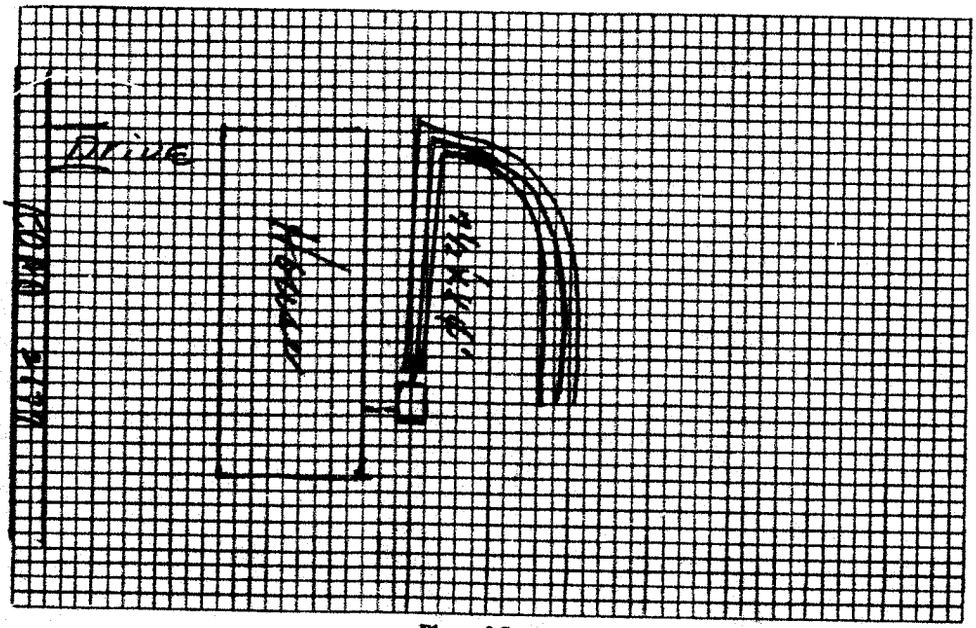
House (✓) Mobile Home ( ) Business ( ) Other _____

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 CFC 2
Percolation Rate Less than 1 Min
Topography Slope to back
Depth to Water Table 4'
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: ST system shall not - care should be taken to grading - extra cover recommended.

CERTIFICATE OF COMPLETION BY [signature] DATE 7/1/76

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