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 John Greene DATE 4/30/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 East, TL on New Salem Ch. Rd.

S. R. No. _____

SUBDIVISION NAME Fox Creek LOT NO. 13 SECTION OR BLOCK NO. _____

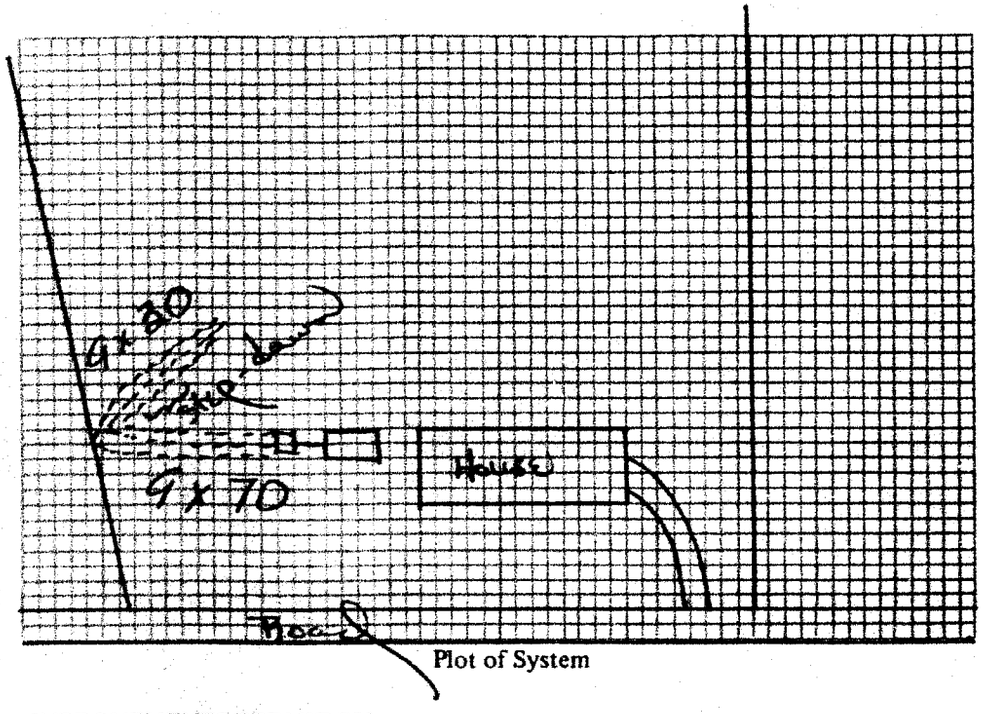
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit	Yes	(✓)	No	( )	
Auto. Dishwasher	Yes	(✓)	No	( )	
Auto. Wash. Machine	Yes	(✓)	No	( )	
Site Suitable	Yes	(✓)	No	( )	

Character & Porosity of Soil cecil clay
Percolation Rate 80 min/inch
Topography 2-6% slope
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Eddie Yountz

IMPROVEMENTS PERMIT BY _____

COMMENTS: Stepdown on last 30 ft of line

CERTIFICATE OF COMPLETION BY Charles L. Brindle DATE 4/30/79

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