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 Lawrence Swicegood DATE 7-20-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E TR on Rd 2305 go 3mi on left

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area acreage

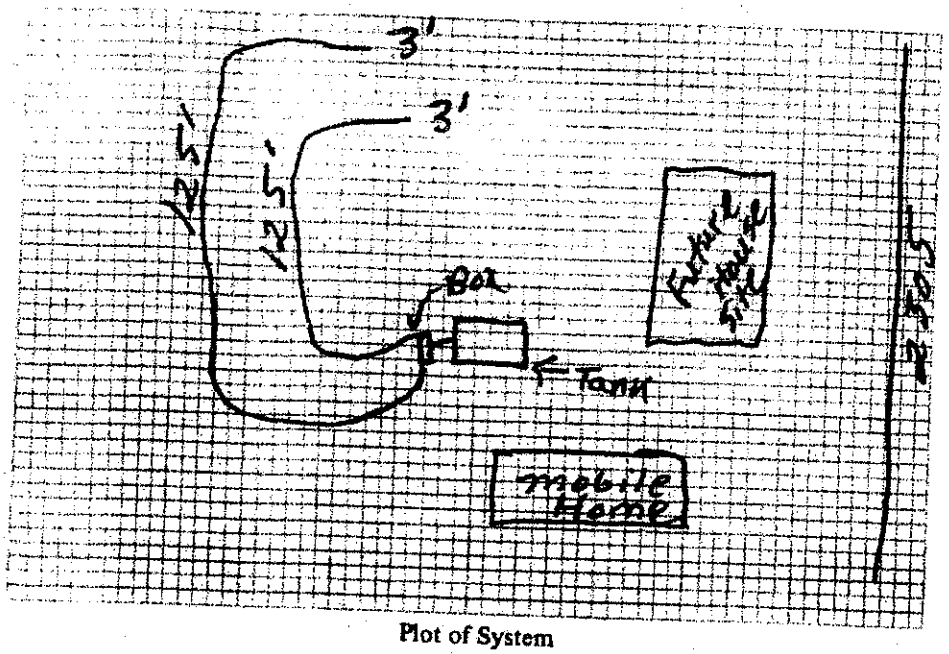
Character & Porosity of Soil Cecil Clay

Percolation Rate 45 min/inch

Topography 4-20 Slope

Depth to Water Table 10'+

Rock or other impervious formations none



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 ( )
well next door

Installed by Chaffin Septic Tank Co, Rt 1 Woodleaf, N.C

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: _____

CERTIFICATE OF COMPLETION BY D. C. Moore DATE 7-20-78

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