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 Joe Gantt

PHONE: Business _____ Home _____ DATE Sept 3, 1975 PERMIT NO. _____

LOCATION Cool Springs, T.L. on 1st Rd past Arson Rabbit Road, 2nd house on left

SUBDIVISION NAME _____ LOT NO. _____ S. R. No. _____

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 ( )

Lot Area 1 acre

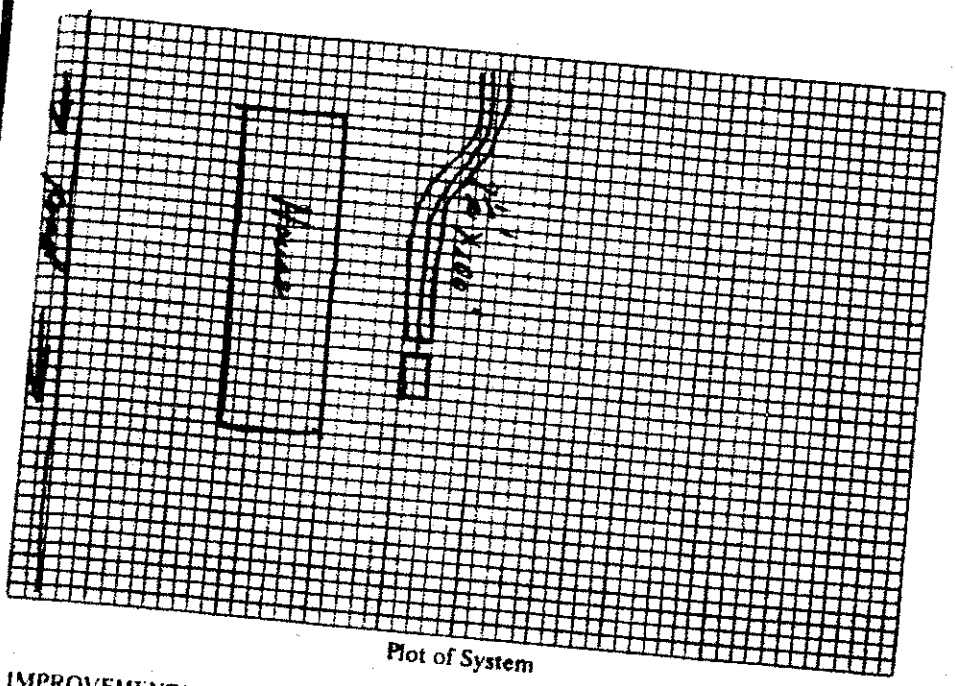
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography level

Depth to Water Table _____

Rock or other impervious formations none



Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 270 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Laney DATE 9/5/75

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