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 Ray Coffey DATE 12-22-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N T.R. on SR. 1869 ~¼ mi. on left

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ 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 ~ 1Ac.

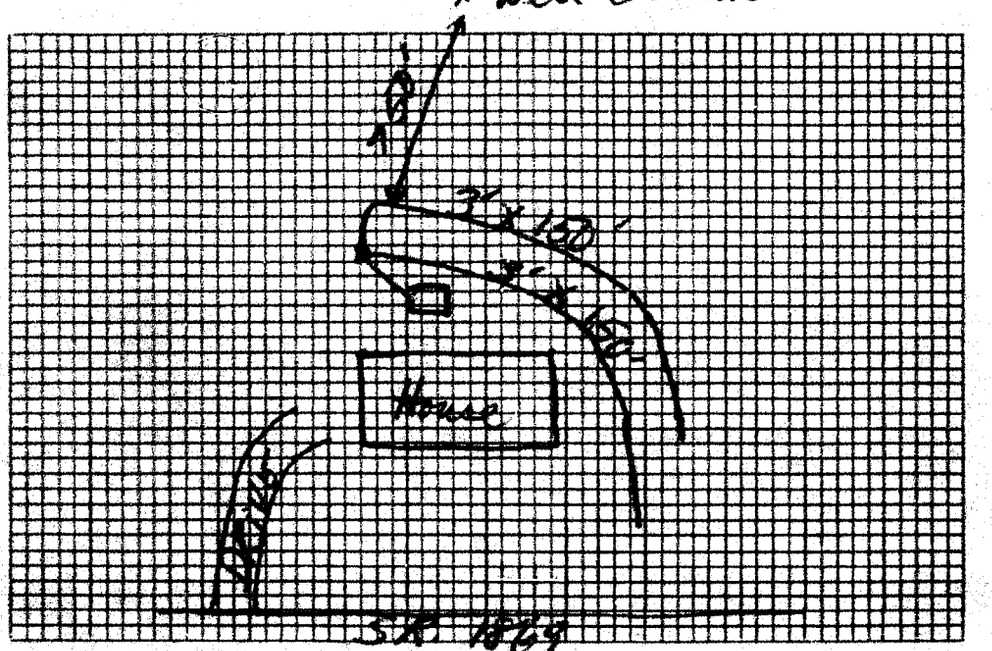
Character & Porosity of Soil Cecil clay loam

Percolation Rate —

Topography 4-6%

Depth to Water Table unk.

Rock or other impervious formations none kn.



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 10" +

Water Supply: Individual (✓)

Public ( )

Installed by Harbe Jackey

IMPROVEMENTS PERMIT BY W.R. Hinson

COMMENTS: layout revised due to drainage ditch and property line.

CERTIFICATE OF COMPLETION BY W.R. Hinson DATE 12-22-77

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