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 Harold Jarvis DATE 27 July 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N Amond Rd 1.5 ft on left. Texaco Service Station.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Service Station & Store

No. Bedrooms _____ No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

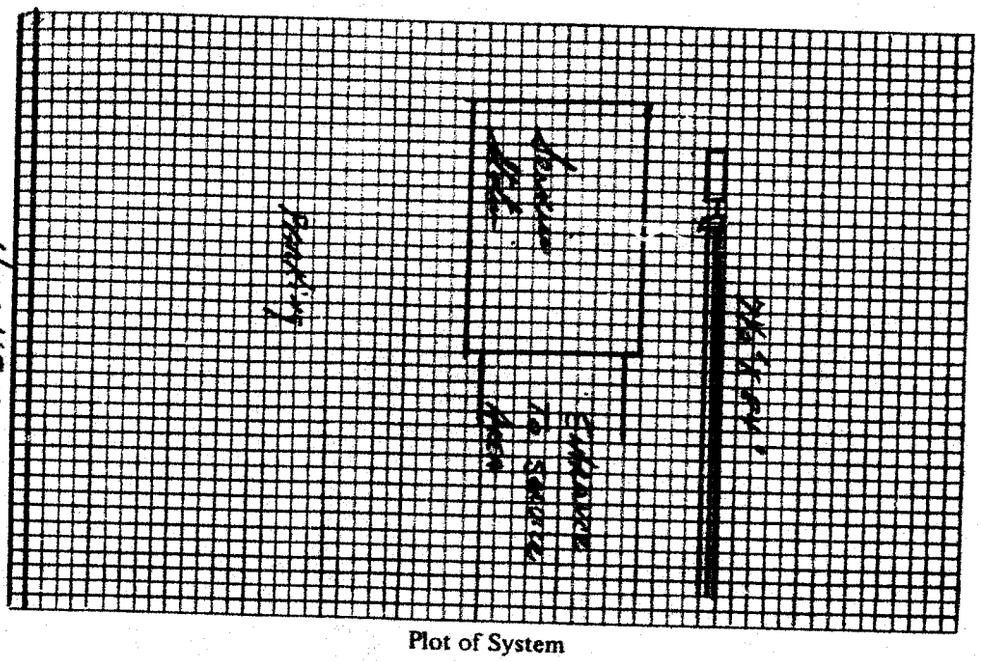
Character & Porosity of Soil Red Clay Loam

Percolation Rate none

Topography Side to Slope

Depth to Water Table 2

Rock or other impervious formations no



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 10-12"

Water Supply: Individual (✓)

Public ( )

Installed by Harold Jarvis

IMPROVEMENTS PERMIT BY _____

COMMENTS: 4½" fall

CERTIFICATE OF COMPLETION BY Wm Howard DATE 27 July 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