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 FRANK HOLLAND DATE 10-24-23 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N - LEFT ON JENNINGS RD - THEN LEFT ON RD 1896 (Friendship Ch Rd) RT ON RD # 1858 AT TOWER - GO 1 MILE HOUSE ON LEFT S. R. No. 1858

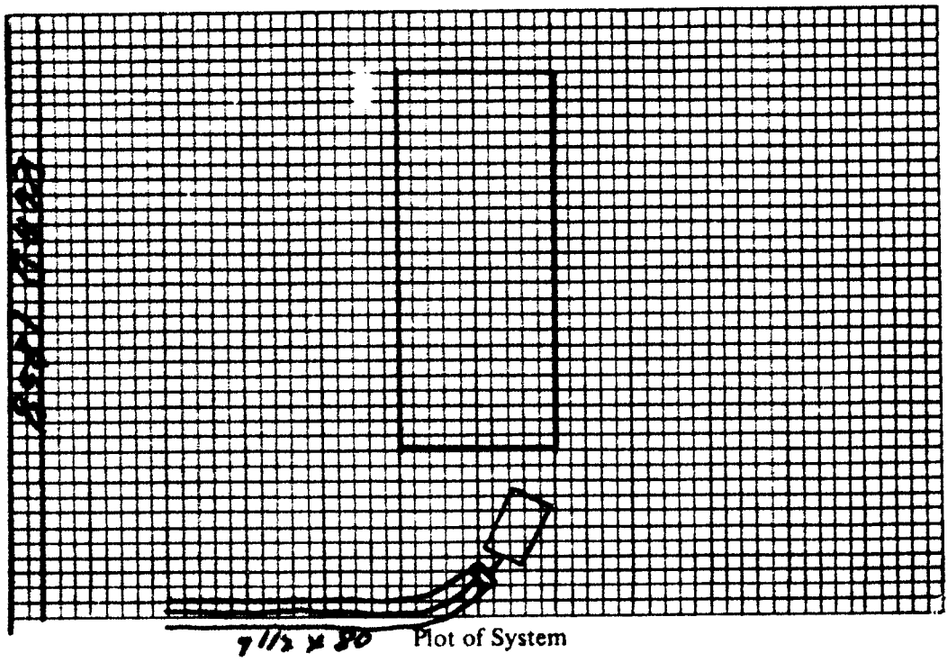
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	mud
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	ents
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to Rt. side
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	mud
			Rock or other impervious formations	mud

Lot Area Acres



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 240
Depth of Stone in Lines 10'
Water Supply: Individual (✓)
Public ( )

Installed by Raymond Adams
Hildebrand NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Foil Jr. DATE 10-24-23

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