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 Arnold Sutker DATE 2/19/76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N. of T. Rd 901, T.L. on 1804, 1st house on Rt

S. R. No. _____

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

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

No. Bedrooms 4 No. Bathrooms 2½

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

Character & Porosity of Soil Red clay loam

Percolation Rate poor

Topography slight slope

Depth to Water Table unk

Rock or other impervious formations none observed

Lot Area Acreage

existing system

Size of Tank _____ Gals.

Nitrification Field:

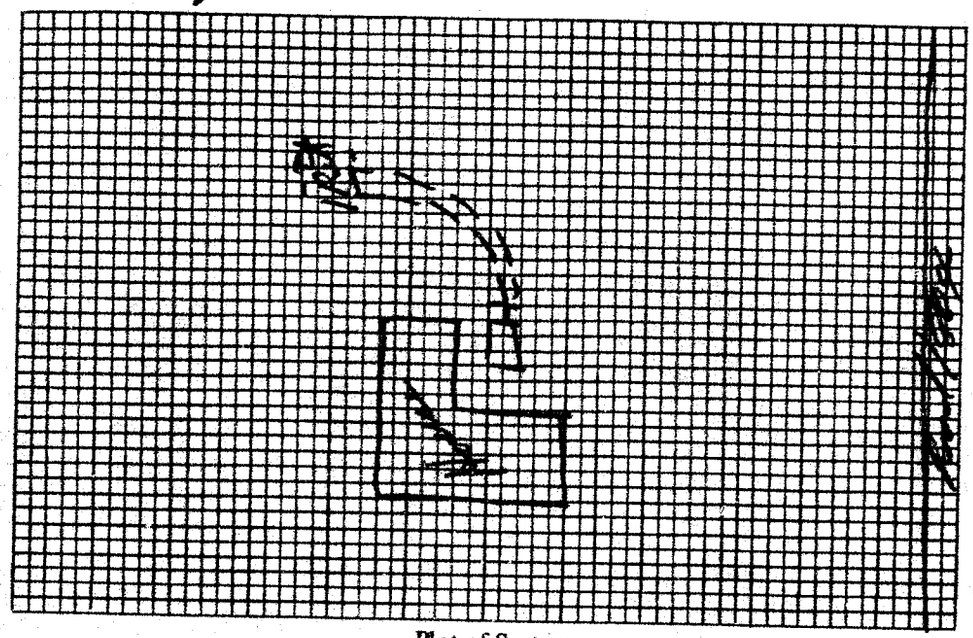
No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )



Plot of System

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System found not to be surfacing, should function under normal condition – remodeling and adding to house.

CERTIFICATE OF COMPLETION BY Andrew L. Cauyan DATE 2/19/76

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