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 James White DATE 5-14-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jenning Rd to 901 - turn left on 901 - approx ¼ mile on RT.

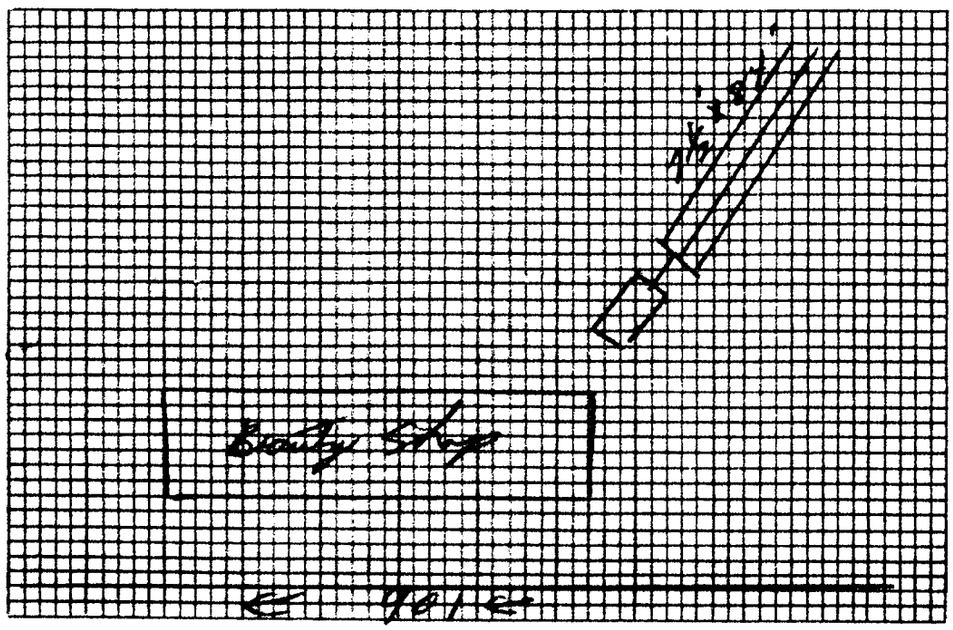
S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Beauty Shop

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area Acreage

Character & Porosity of Soil Sandy Clay loam
Percolation Rate _____
Topography Slop to pass
Depth to Water Table _____
Rock or other impervious formations Rocks near surface



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
Water Supply: Individual (✓)
Public ( )

Installed by James Hartness

IMPROVEMENTS PERMIT BY _____

COMMENTS: Approx. 120' from Hardware mill

CERTIFICATE OF COMPLETION BY Andrew Causey DATE 5-14-74

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