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 Peter Henderson DATE 2 Jan 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jamestown Rd N to 901. Turn left 1st house on Right on 901

S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area acreage

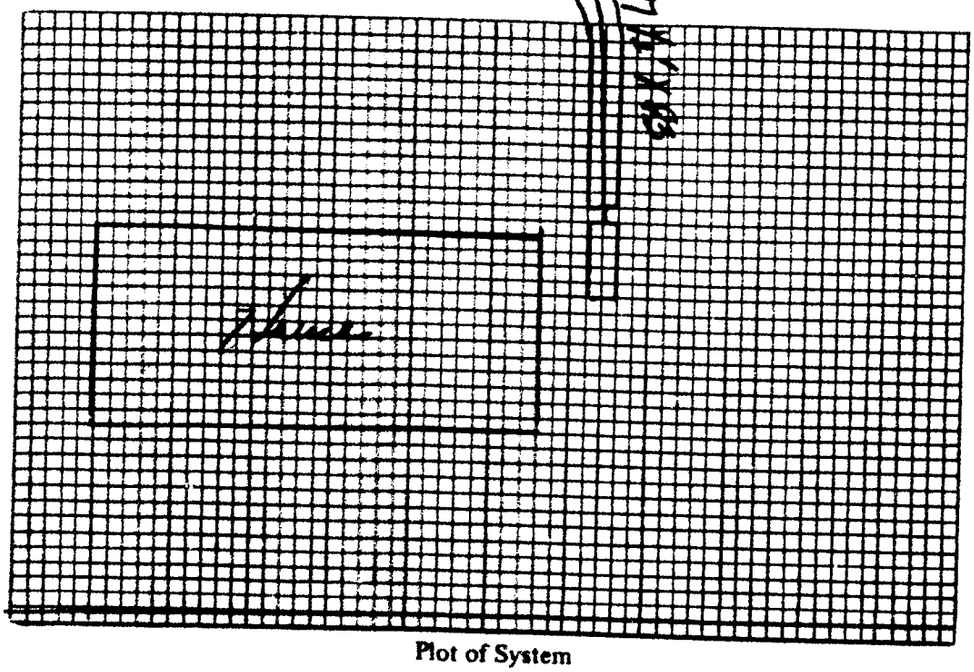
Character & Porosity of Soil Red Clay Loam

Percolation Rate mpi

Topography Slope to left of house

Depth to Water Table wet

Rock or other impervious formations Sand Rock



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 7

Sq. Ft. 638 Linear Ft. 349

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by Billy Smith

IMPROVEMENTS PERMIT BY _____

COMMENTS: Visual end of drain line. Stopped at 83'.

CERTIFICATE OF COMPLETION BY Will Howard DATE 2 Jan 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