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 William Reece DATE 3/Mar 77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jennings Rd N to Rd 1891 on Right. Lot is abt. T. R. on Rd 1887 - House on left corner. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area _____

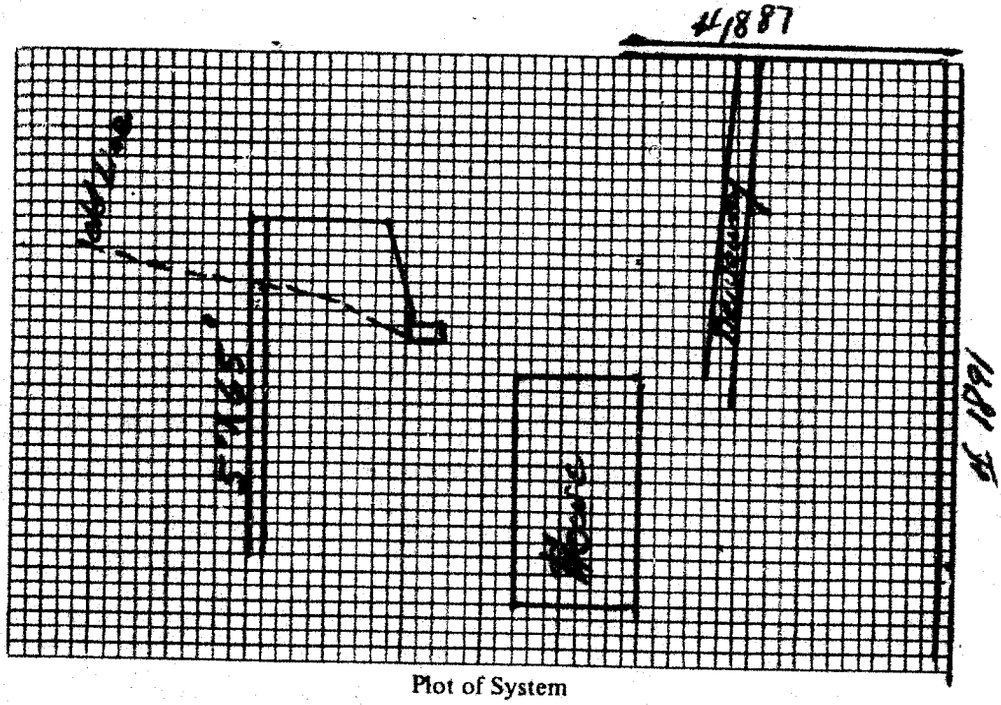
Character & Porosity of Soil Cecil Clay

Percolation Rate 60 min

Topography 2-6% slope

Depth to Water Table 48"

Rock or other impervious formations None



Plot of System

Size of Tank Ryan Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 325 Linear Ft. 130
Depth of Stone in Lines 20"

Water Supply: Individual (✓)
Public ( )

Installed by Homeowner

IMPROVEMENTS PERMIT BY _____

COMMENTS: Ice installed. Too much fall on first part of system. Split pipe from tank to manifold - 20" gravel - to offset fall. Very marginal job.

CERTIFICATE OF COMPLETION BY W. M. Stewart DATE _____

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