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 Dennis Bridges DATE 10-31-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 N Ex on 901 – TR on SR 1816 – TR at Jct. w/ SR 1815 TR on SR 1817 N. ½ Mile – Mobile Home on left S. R. No. 1817

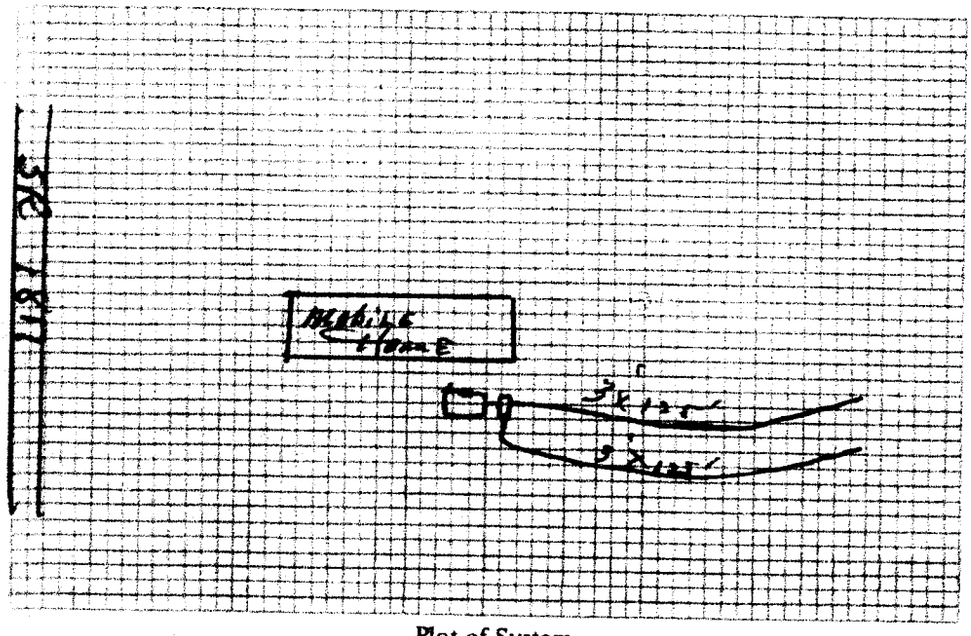
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil Clay loam
Percolation Rate 6
Topography 6-16% Slopes
Depth to Water Table 4ft
Rock or other impervious formations Some scattered Rock



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓) Spring
Public ( )

Installed by James L Sartin

IMPROVEMENTS PERMIT BY David R Stevens

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 10/31/79

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