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 Watts Heavy DATE 15 Nov 74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21N & Hamms - Store on left past intersection of 901 & 21

S. R. No. _____

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

House ( ) Mobile Home ( ) Business (✓) Other Heavy Store + Meat Market

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Coal Cly Loam

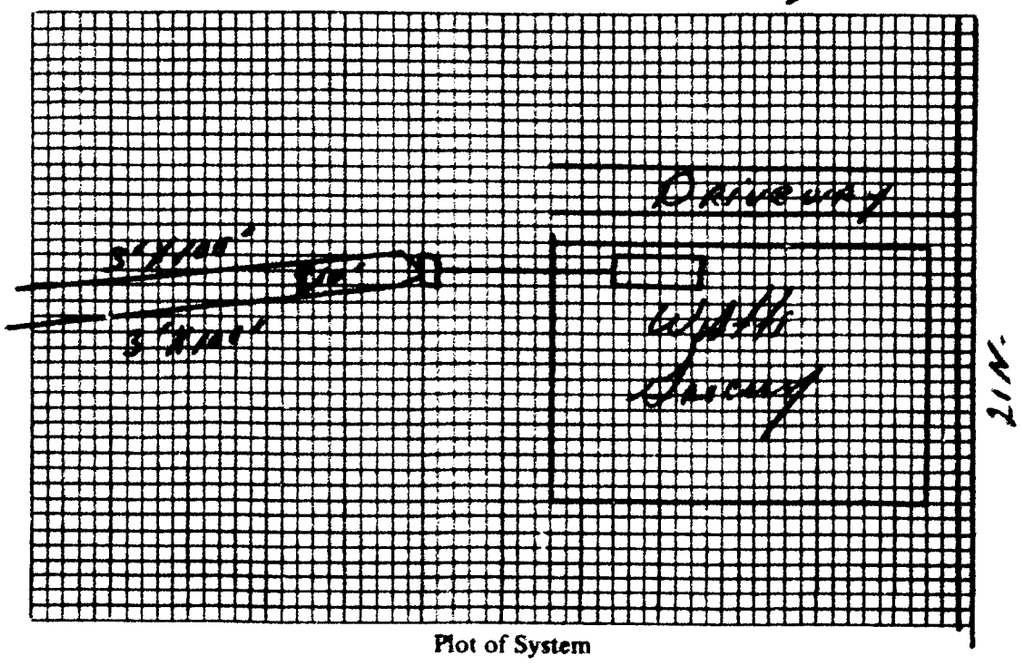
Percolation Rate Agric

Topography Level

Depth to Water Table wet

Rock or other impervious formations wet

Repair



Plot of System

Size of Tank (1000) Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10" plus

Water Supply: Individual (✓)
Public ( )

Installed by Heavy System

IMPROVEMENTS PERMIT BY _____

COMMENTS: Used Repair. 10 in Stone - New Tee installed in Tank.

CERTIFICATE OF COMPLETION BY [signature] DATE 15 Nov 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