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 Kathy Johnson DATE 8 July 76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hy 21 N to NC 2100 on right just before house Cecil Stone. Go to 1st left after 1st right. NC 2103 1st house on right after turn. 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 1 acre

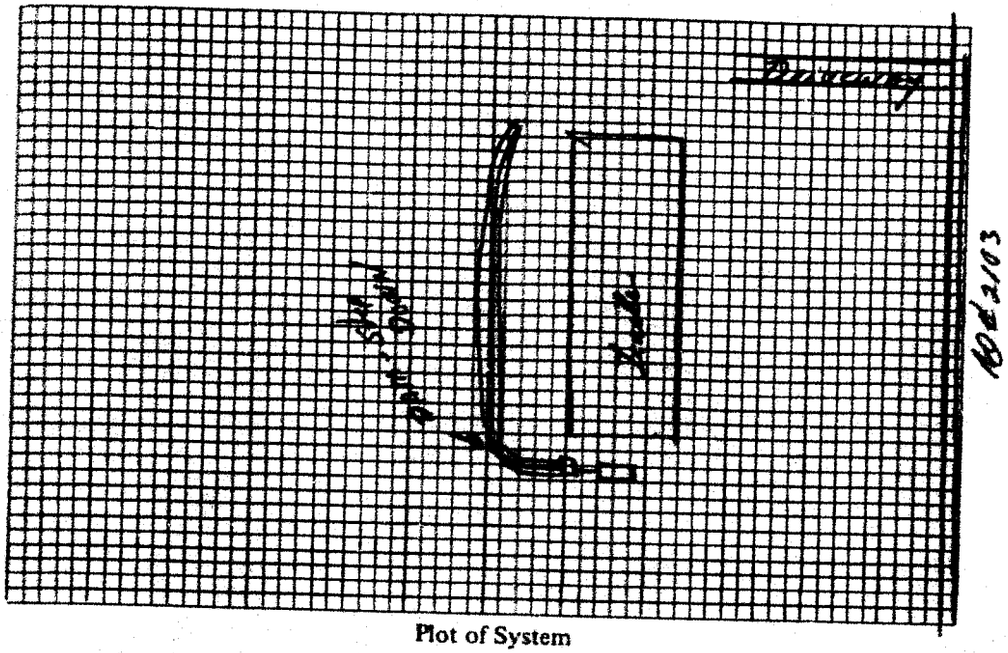
Character & Porosity of Soil Red Clay

Percolation Rate none

Topography 2-6 % Slope

Depth to Water Table ok

Rock or other impervious formations ok



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" plus

Water Supply: Individual ( )

Public ( )

well from well across road

Installed by J. C. Cecil

IMPROVEMENTS PERMIT BY _____

COMMENTS: 3½' fall.

CERTIFICATE OF COMPLETION BY Jesse T. Lawrence DATE 8 July 76

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