W/C Copy on file

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 Mack Oliver DATE 1-5-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 To Near County Line T.R. on 1554 – T.L. on 1565. Go Aprox ½ Mile House on R. S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

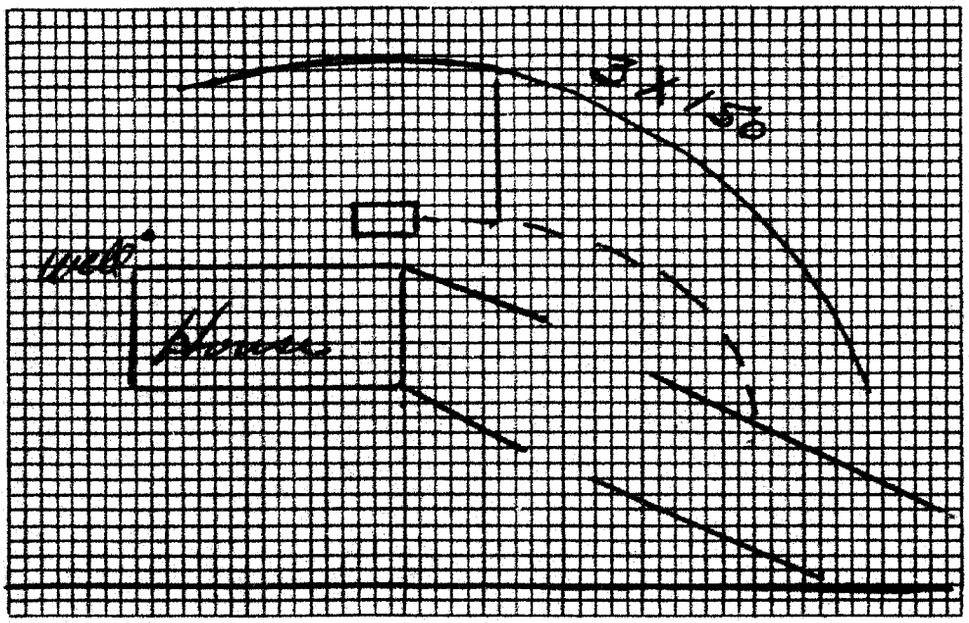
Character & Porosity of Soil _____

Percolation Rate _____

Topography Repair

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Repair Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 15" +

Water Supply: Individual (+)

Public ( )

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 1-13-76

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