4614899988

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 [illegible] DATE [illegible] PERMIT NO. [illegible]

PHONE: Business _____ Home _____

LOCATION [illegible]

S. R. No. _____

SUBDIVISION NAME [illegible] LOT NO. 154 SECTION OR BLOCK NO. _____

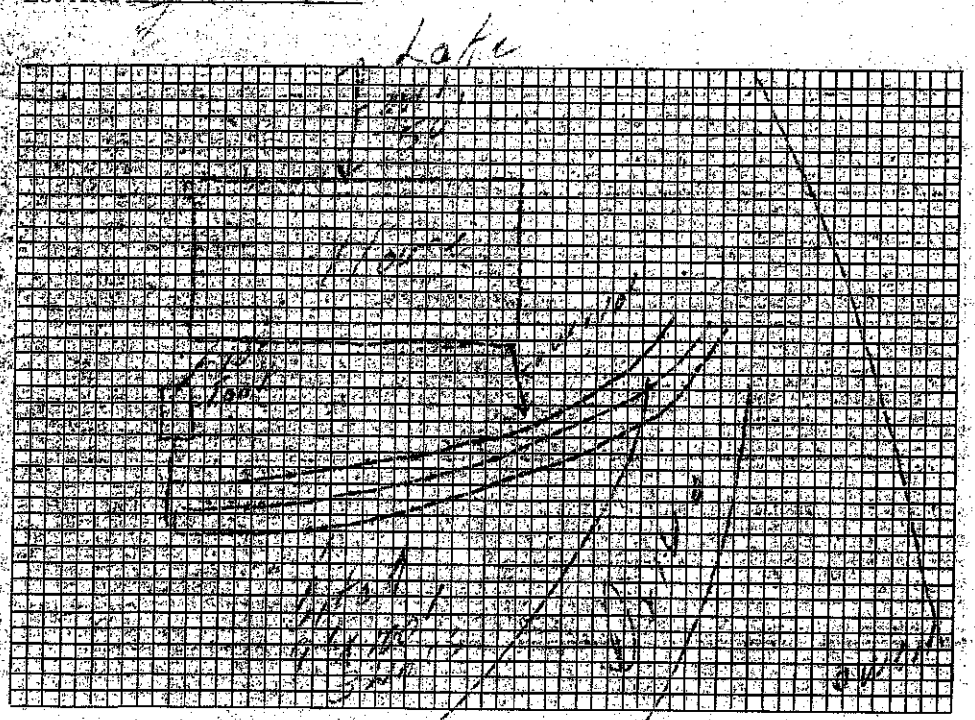
CL+T - Lec 6 - Lot 154 - 552 Stonemarker Rd - Mresol.

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	(✓)	No	( )	Character & Porosity of Soil [illegible]
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate [illegible]
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography [illegible]
Site Suitable	Yes	(✓)	No	( )	Depth to Water Table [illegible]
					Rock or other impervious formations [illegible]

Lot Area [illegible]



Plot of System

Size of Tank [illegible] Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. [illegible] Linear Ft. [illegible]

Depth of Stone in Lines [illegible]

Water Supply: Individual (✓)

Public ( )

Installed by [illegible]

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE [illegible]

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