3;30

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 David D. Lowry DATE 10-5-79 PERMIT NO. 304

PHONE: Business _____ Home _____

LOCATION 1100 TR on 1115 TL on 1446 2½ mi. on Rt.

S. R. No. _____

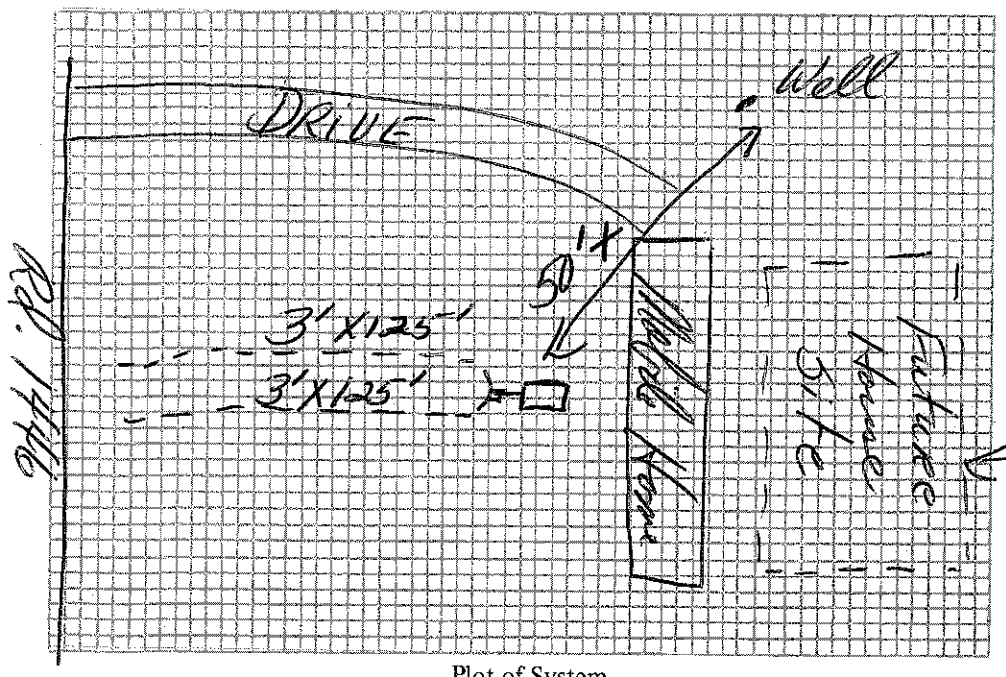
SUBDIVISION NAME _____ LOT NO. 167 SECTION OR BLOCK NO. 8

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy parent material	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	30 mpi	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	8-10%	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	unk.	
			Rock or other impervious formations	none obs.	

Lot Area ~ 3/4 AC.



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 (✓)
Public ( )

Installed by _____

TO LAKE
50'+

IMPROVEMENTS PERMIT BY David R. Hanson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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