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 Franklin Smith DATE 2-23-79 PERMIT NO. 42

PHONE: Business _____ Home _____

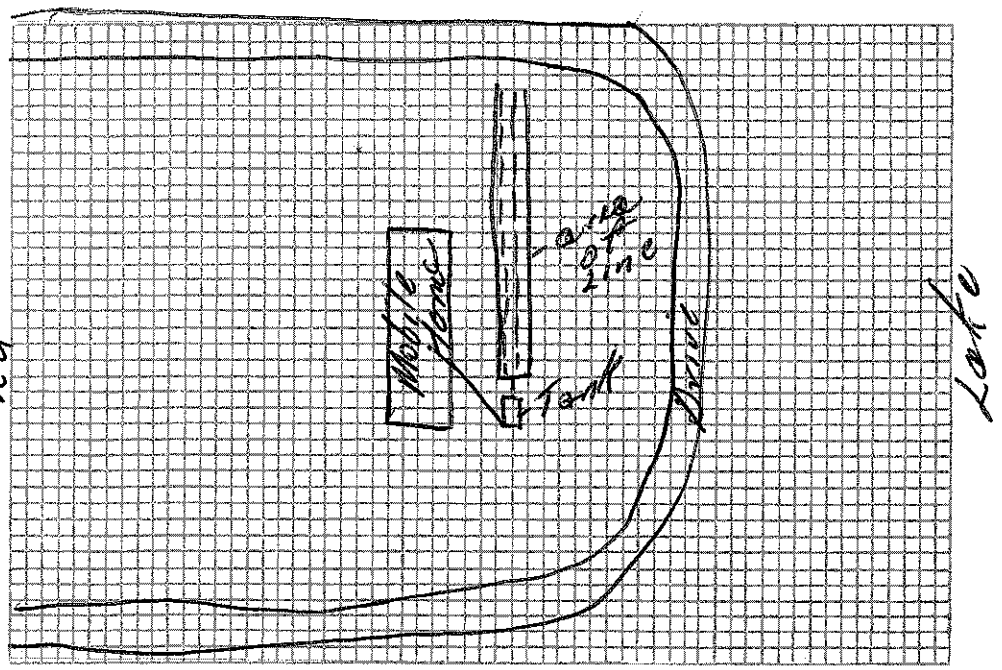
LOCATION 1100 TRon 1177 TRon 1458 1st Lot on Left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 163 SECTION OR BLOCK NO. 7

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

No. Bedrooms 2	No. Bathrooms 1			Character & Porosity of Soil	Existing System
Garbage Disposal Unit	Yes ( )	No (✓)		Percolation Rate	
Auto. Dishwasher	Yes ( )	No (✓)		Topography	
Auto. Wash. Machine	Yes (✓)	No ( )		Depth to Water Table	
Site Suitable	Yes (✓)	No ( )		Rock or other impervious formations	

Lot Area 3 ac



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working OK at time of this Inspection

CERTIFICATE OF COMPLETION BY John Howell DATE 2-23-79

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