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 George Melville DATE 1-18-79 PERMIT NO. 14

PHONE: Business _____ Home 664-3457

LOCATION 1100 TR on 1115 T Lon 1455

_____ S. R. No. _____

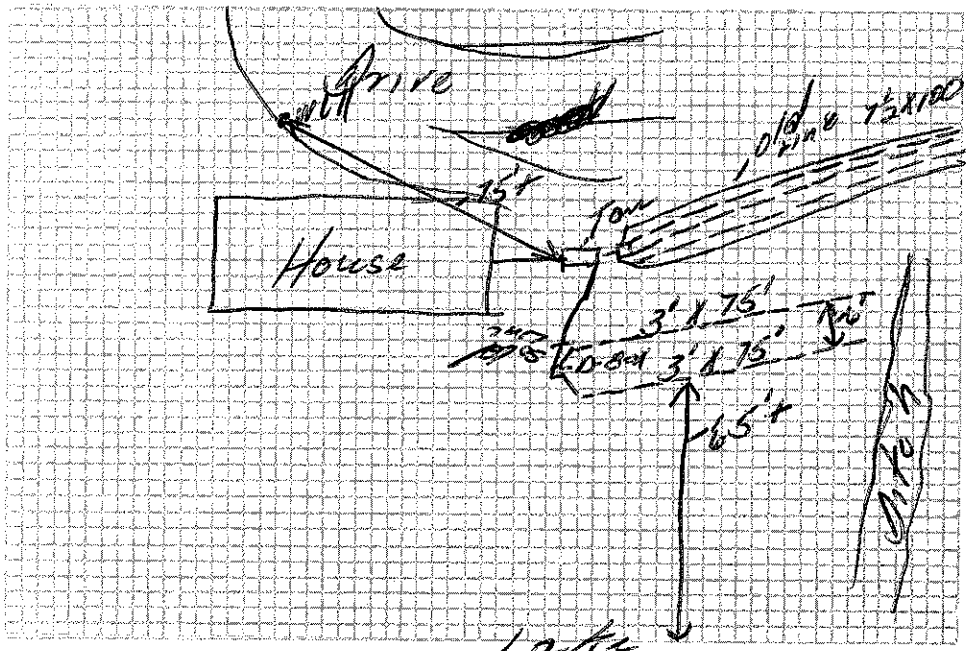
SUBDIVISION NAME L.M. LOT NO. 215 SECTION OR BLOCK NO. 8

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

No. Bedrooms 4 No. Bathrooms 4½

Garbage Disposal Unit	Yes	(✓)	No	( )	Character & Porosity of Soil: Clay loam
Auto. Dishwasher	Yes	(✓)	No	( )	Percolation Rate: 60 min/in
Auto. Wash. Machine	Yes	(✓)	No	( )	Topography: 10% Slope
Site Suitable	Yes	(✓)	No	( )	Depth to Water Table: 6 to 8'
					Rock or other impervious formations: None

Lot Area 2ac +or-



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY John Houston

COMMENTS: Put new T in tank for new line so that old line fills first and then over flow into new lines

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