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 6-15-78 PERMIT NO. ______

PHONE: Business 344-6444 Home ______

LOCATION [illegible]

S. R. No. ______

SUBDIVISION NAME L N LOT NO. 43 SECTION OR BLOCK NO. 14

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 3/4 acre

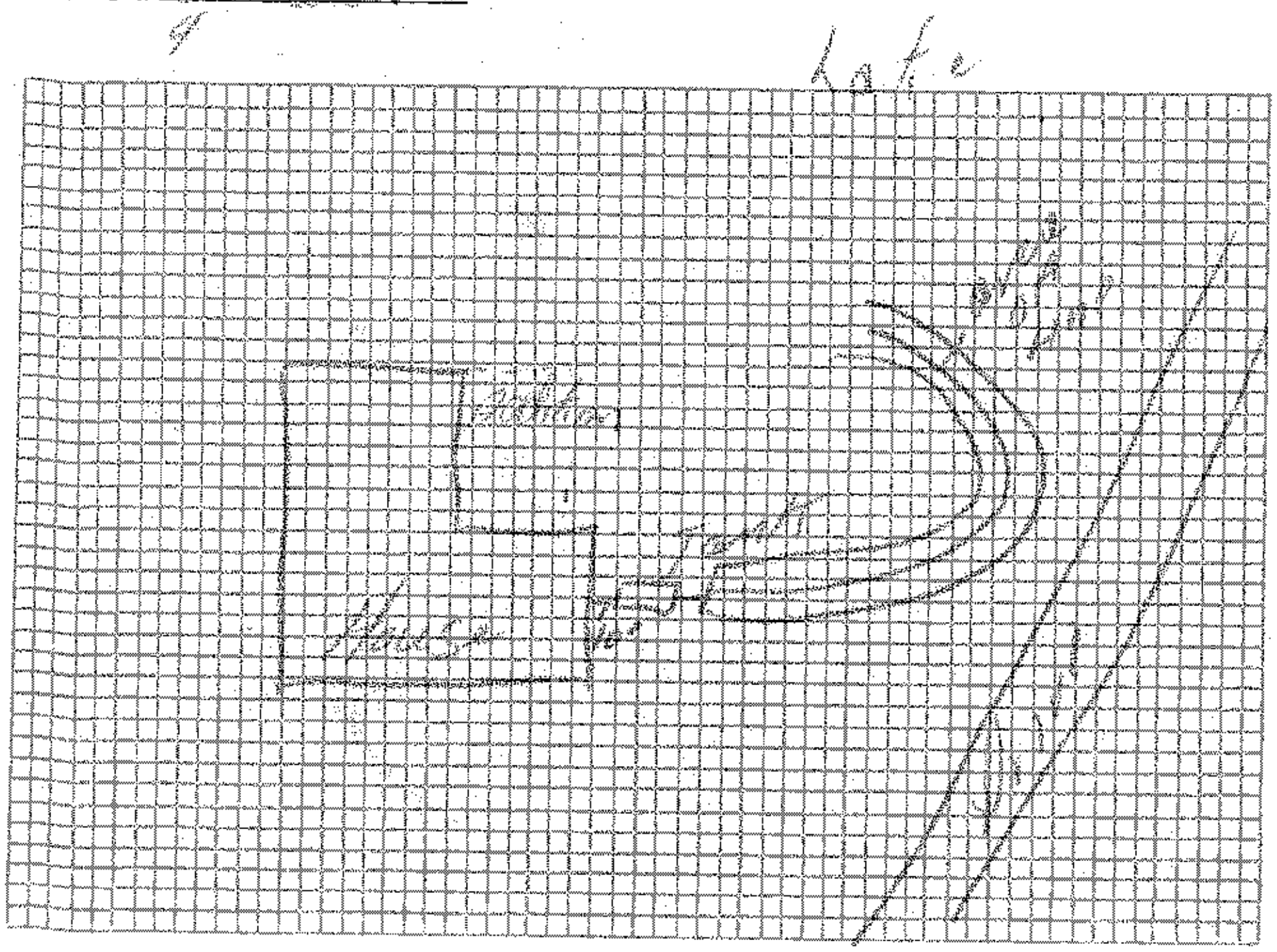
Character & Porosity of Soil Existing System

Percolation Rate ______

Topography ______

Depth to Water Table ______

Rock or other impervious formations ______



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 325 Linear Ft. 225

Depth of Stone in Lines 24"

Water Supply: Individual (✓)

Public ( )

Installed by ______

Jan 4 1966

IMPROVEMENTS PERMIT BY ______

COMMENTS: System Working OK at Time of The Inspection.

CERTIFICATE OF COMPLETION BY [illegible] DATE 6-15-78

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