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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 James Lawson DATE 8-20-15 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____ TL

S. R. No. _____

SUBDIVISION NAME Catalina Cove LOT NO. 15 SECTION OR BLOCK NO. B

ENTERED

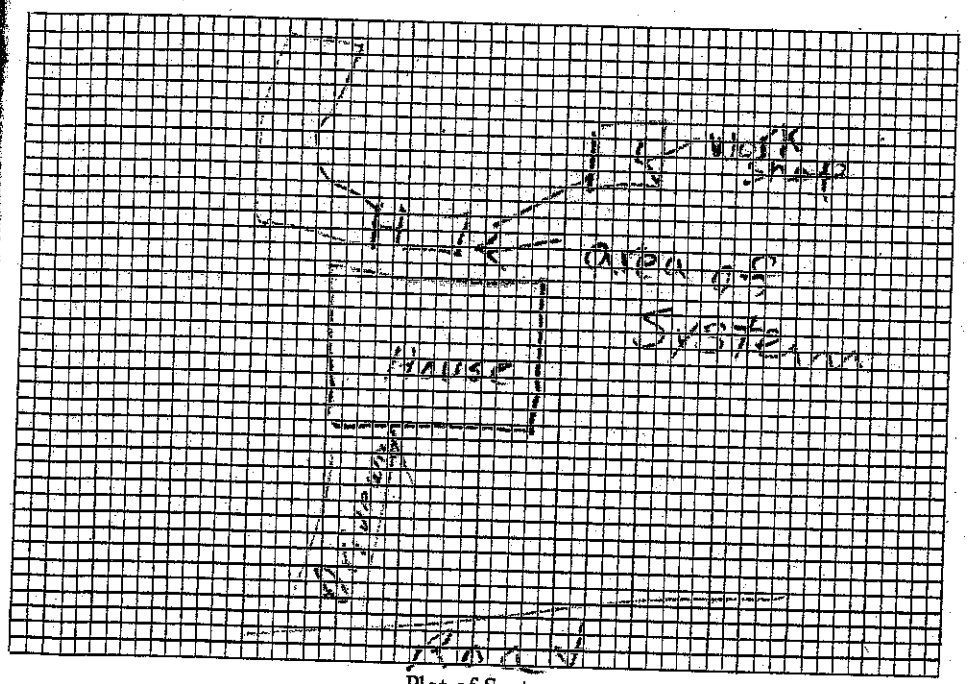
House ( ) Mobile Home ( ) Business ( ) Other Workshop

No. Bedrooms 1 sink No. Bathrooms _____

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

Lot Area ± acre

System



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Building workshop that has a sink running waste water into septic tank system) behind house. Septic Tank was functioning properly at time of this inspection

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 8-20-15

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