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 8-20-75 PERMIT NO. _____

PHONE: Business _____ Home _____

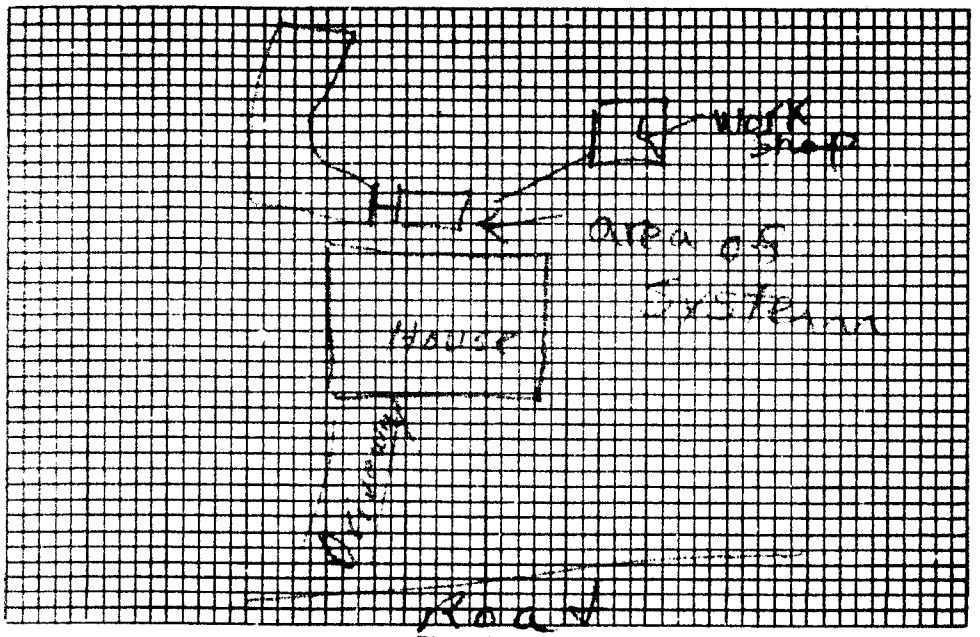
LOCATION US 21 South cross I-77 TL on service Rd Then TR 2nd paved Rd TR 1st house on left R. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other workshop

No. Bedrooms _____ No. Bathrooms 1 sink

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	Existing
Lot Area 1 acre			Rock or other impervious formations	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 8-20-75

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