IREDELL COUNTY HEALTH DEPARTMENT

9646 21 4059

(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 8-20-25 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____

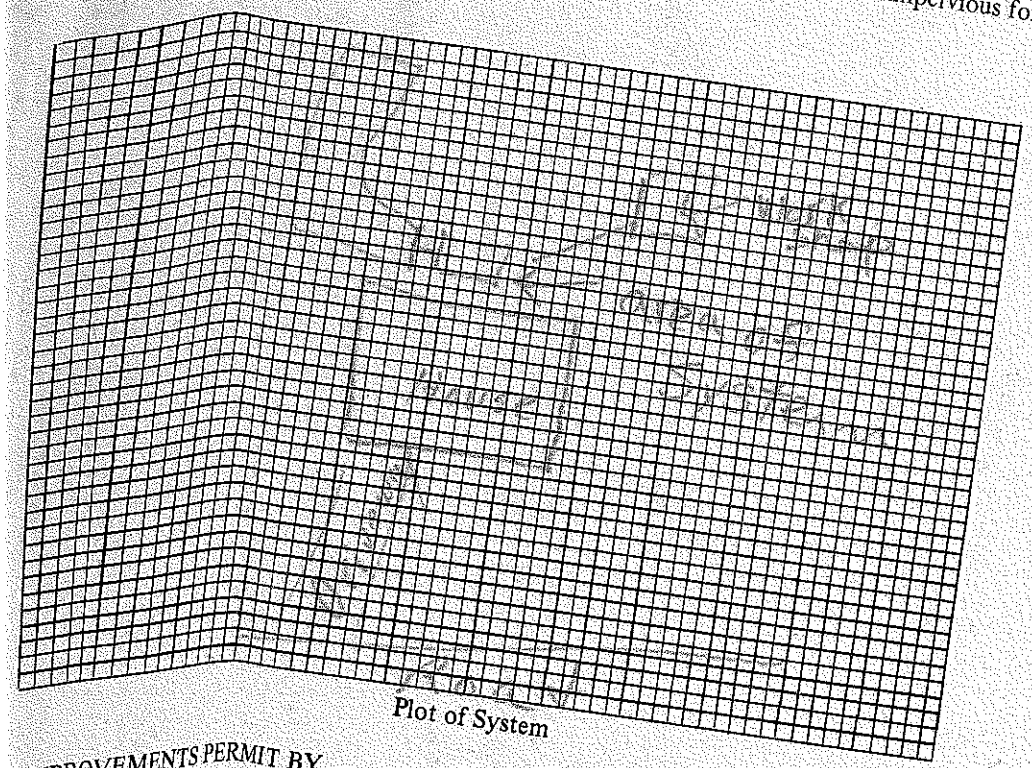
SUBDIVISION NAME Catawba Cove LOT NO. 15 SECTION OR BLOCK NO. B

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 _____
Lot Area 2 acre			Rock or other impervious formations _____

EXISTING 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 a 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. Snipes DATE 8-20-25

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 C...