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 M.O. Morrow DATE 3-9-79 PERMIT NO. 53

PHONE: Business _____ Home _____

LOCATION 21 N TR on 2383 2 mi on right

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

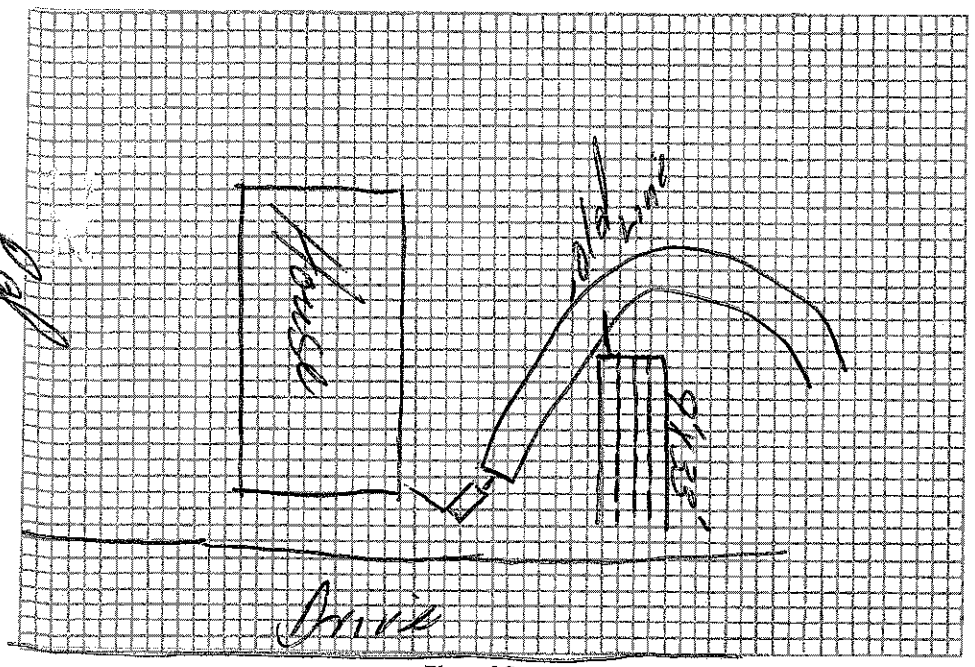
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clay loam	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	80 min/in	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 % Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10' +	
			Rock or other impervious formations	None	

Lot Area Acreage

Repair



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Ross Perkins

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 3-9-79

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