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 Larry Edwards DATE 6-24-77 PERMIT NO. 30

PHONE: Business _____ Home _____

LOCATION 801 E Front 2395 Ft 2nd house on Left S. R. No. _____

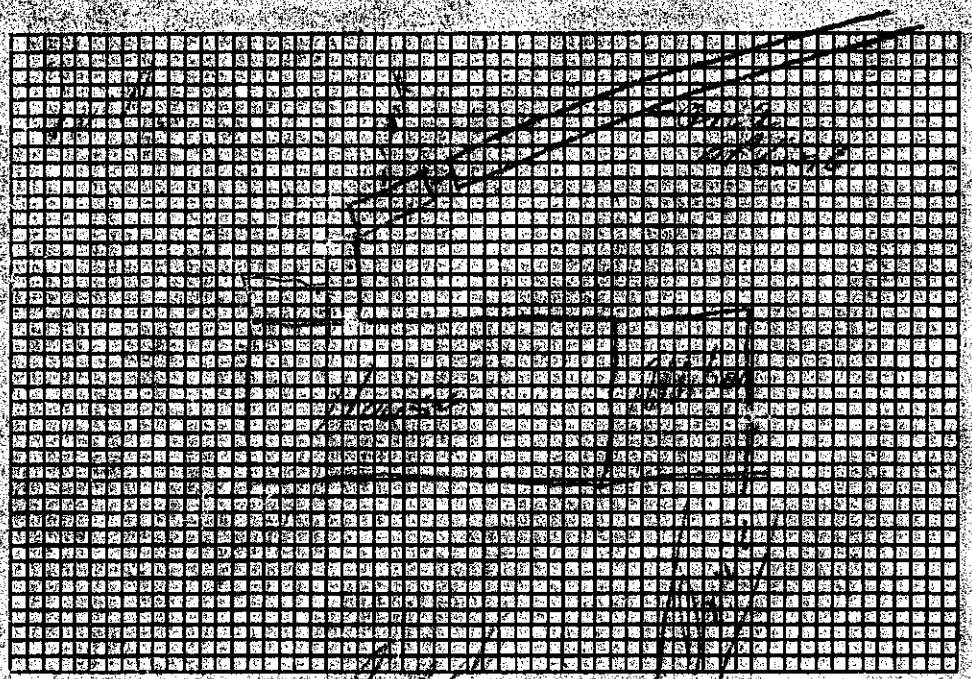
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

Two Story 1 Garage

No. Bedrooms 3 No. Bathrooms 2

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



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual (✓)

Public ( )

Installed by _____

DAVID HINSON

878-5358

IMPROVEMENTS PERMIT BY _____

COMMENTS: System OK at Time of Final Inspection

CERTIFICATE OF COMPLETION BY _____ DATE 7-26-77

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