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 Milton Mayfield DATE 12/19/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 W. T.L. on Old Mt. Rd. T.R. on Lewisferry Rd #1369. Cross Rd #1333. Keep To Rt. on Rd 1376 - House on L. S. R. No. _____

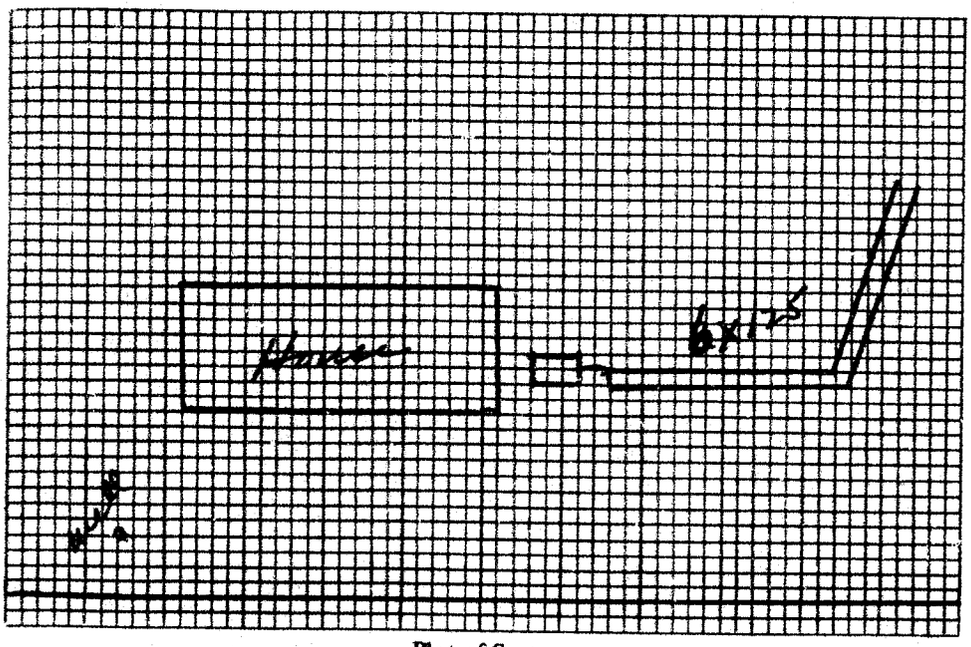
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Prob Suitable
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	slight Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low
			Rock or other impervious formations	None

Lot Area 3½ Acres



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Don Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Jana Crowds House - Lines are dug 2nd shallow Grade lot so water will not run or stand over lines Divert downspouts and all surface water Possible away from Tank + lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 12/19/79

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