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 Jim Miller DATE 10/12/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. House on L just Past Kuntry-Kubbard Grv Back off of Road S. R. No. _____

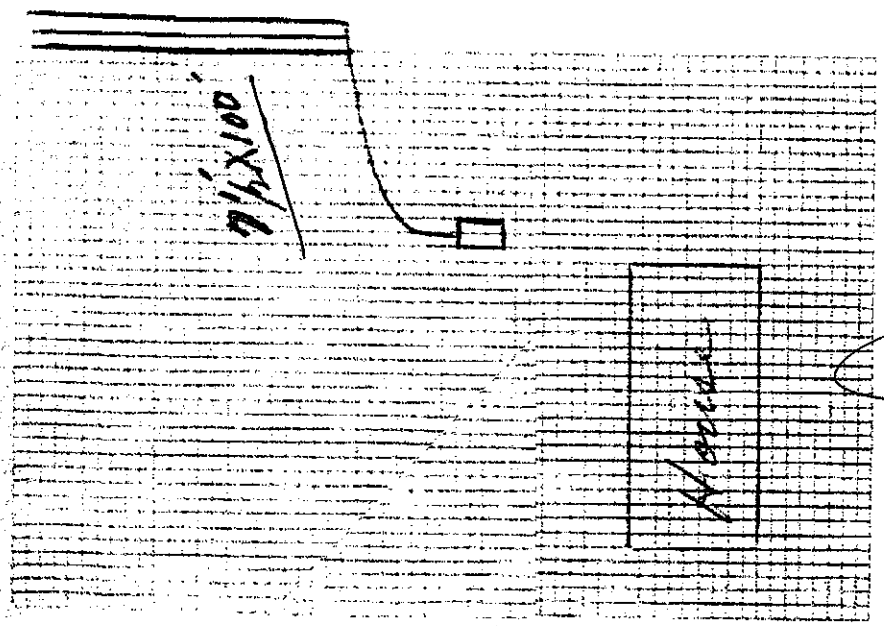
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ 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 _____
			Rock or other impervious formations _____

Lot Area _____



Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 250 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Hwy 64-70

Installed by Sam Osteloff

0-6 Sd Sd Clay
6-12 Sd Sd
12-18 Sd Sd Sand Clay
18+ Sd Sd

IMPROVEMENTS PERMIT BY _____

COMMENTS: NTS. _____

CERTIFICATE OF COMPLETION BY E. Stevenson DATE 10/

COMPLY WITH CONSTRUCTION MUST CONSULT ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Inspection Health Dept. Copy: White Dept. Copy: Yellow Sanitarian's Copy: P[illegible] Owner's Copy: Gold

JAN. 4, 1989 17:28