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 Robert Michael Lassiter DATE 3/16/99 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd. Above Bradfords X Rd. T.R. on Rd. #1629 House on Rt. at Cul-De-Sac S. R. No. _____

SUBDIVISION NAME Coyte Brady Development LOT NO. 9 SECTION OR BLOCK NO. _____

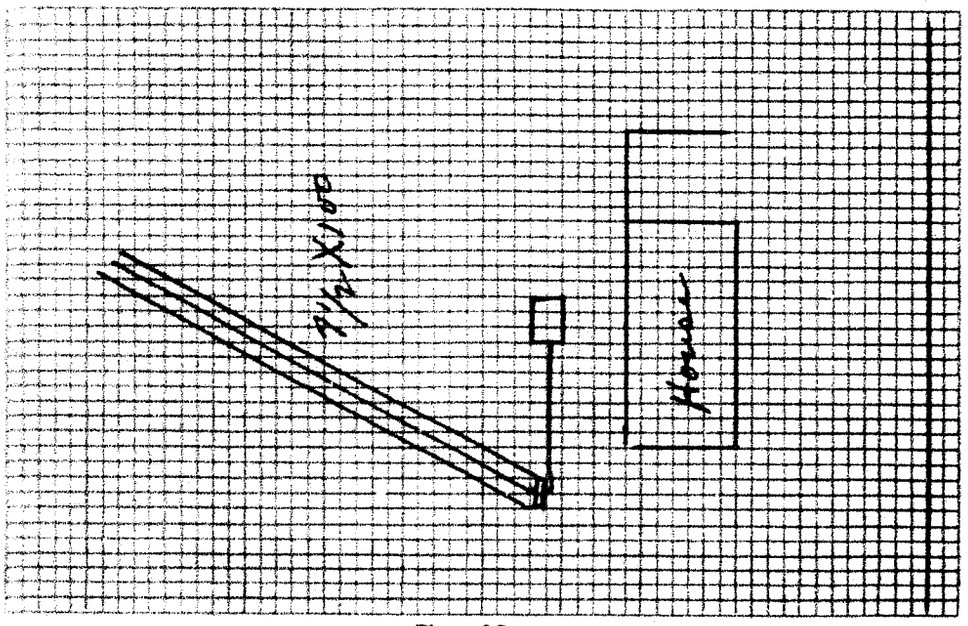
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area 30,000 sq ft+

Character & Porosity of Soil Prov Suitable
Percolation Rate _____
Topography Slope to East Side
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Tommy Cathren

IMPROVEMENTS PERMIT BY _____

COMMENTS: Downspouts and all surface water possible should be diverted away from septic tank + lines. Lines should Not be driven over.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE _____

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