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 Bob Deal DATE 8-23-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy #90 above Loray - T.L. on Lippard Rd #1521 - T.R. 1st Paved Strut - T.R. 1st Strut House on R. S. R. No. _____

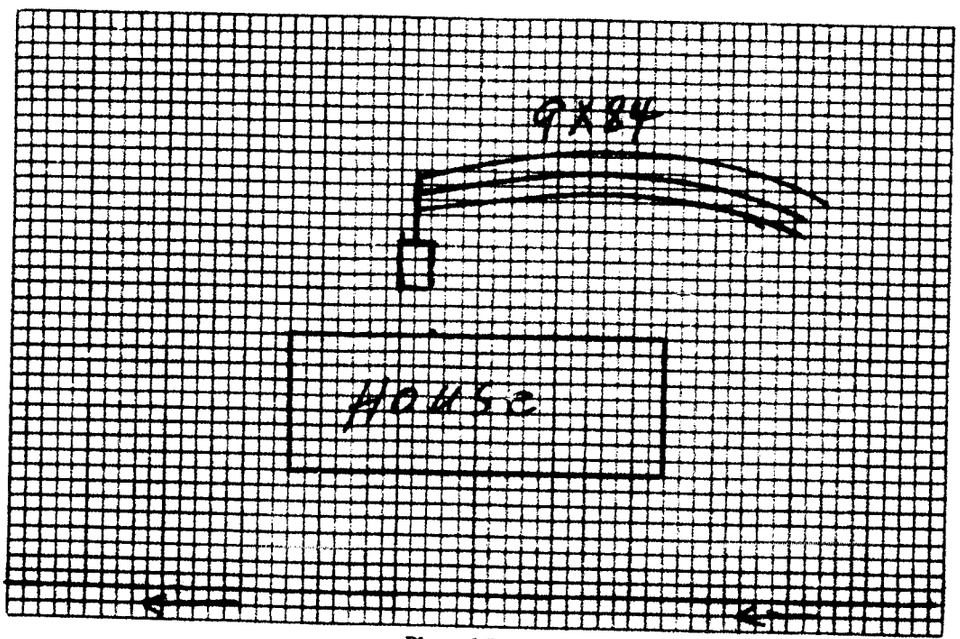
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 125 X 200



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bro.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Water from house should be diverted away from Tank + lines

CERTIFICATE OF COMPLETION BY C. A. Stutenson DATE 8-23-74

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