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 Dwight Miller DATE 3-19-74 PERMIT NO. _____

PHONE. Business _____ Home _____

LOCATION Hwy # 90 - Flat Top House on L. Just Before Scotts School

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

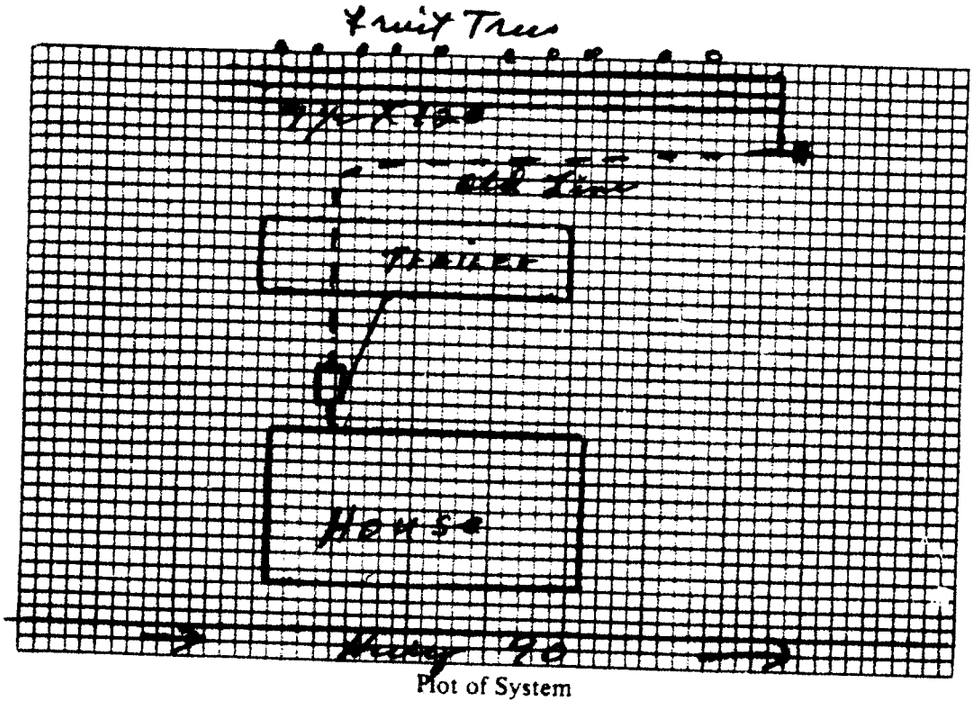
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil Hard Red Clay
Percolation Rate _____
Topography Existing House Lay
Depth to Water Table _____
Rock or other impervious formations Traces

addition TO old system



Plot of System

Size of Tank Old Tank Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 360
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bro

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: Installation not put in as laid out by Health Dept. Septic Tank Contractor agrees to repair old system at No Charge if it surfaces within a reasonable Time.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 3-19-74

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