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 Roy Norton DATE 11-30-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 to Rd 1554 (midway Drive) T.R. T.L. on Rd # 1569 - Go aprox 1 mile House on L S. R. No. _____

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

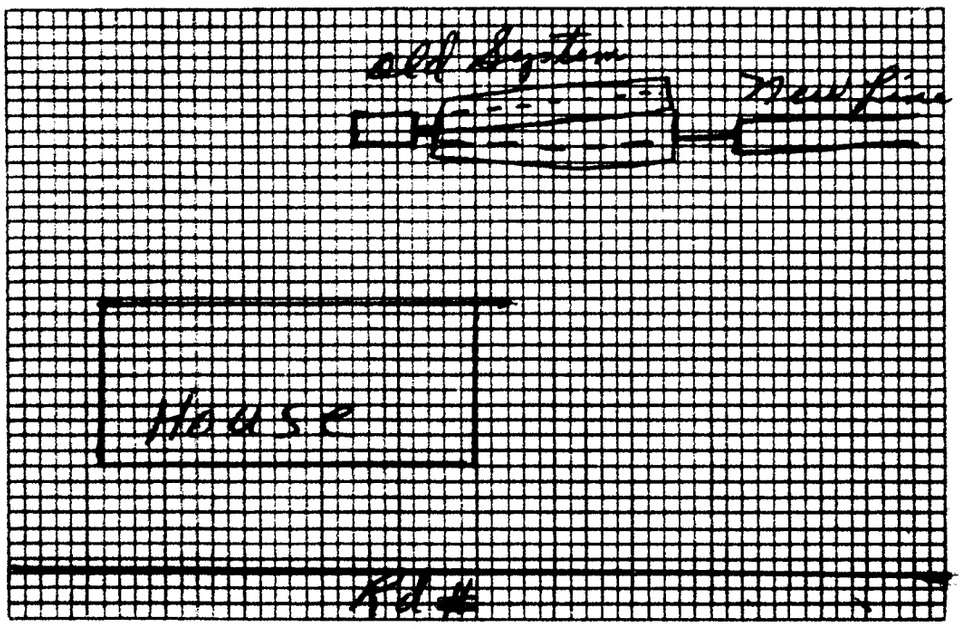
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography Existing System
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 295 Linear Ft. 115
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Lackey Bro

Repair

IMPROVEMENTS PERMIT BY _____

COMMENTS: Cement Tile in old system. Could give Trouble later.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 11-30-73

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