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 Wayne Potter DATE 8/2/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION T.R. 1st Street - T.L. 1st House on L.

S. R. No. _____

SUBDIVISION NAME Spring Shore LOT NO. 70 SECTION OR BLOCK NO. _____

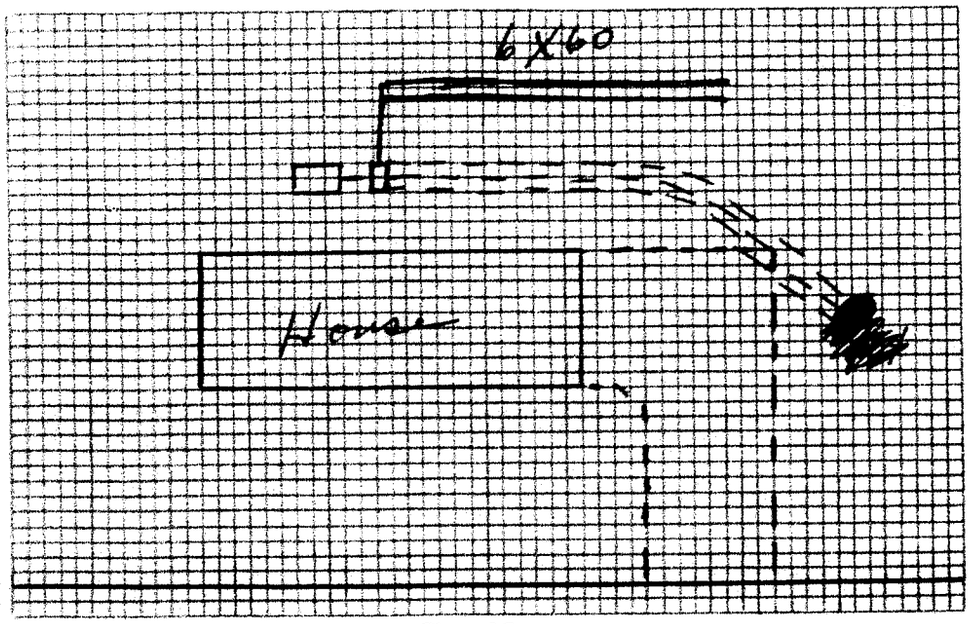
House (✓) Mobile Home ( ) Business ( ) Other _____

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 _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert Surface Water away from lines
Diversion ditch should be cut so water will
Not run over or stand on lines

CERTIFICATE OF COMPLETION BY E.A. Stevenson DATE 8/2/78

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