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 Richard Seeries DATE 11/22/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rds to Pine M.H. Park, M.H. on Rt 4th place, from end S. R. No. _____

SUBDIVISION NAME Pine M.H. Park LOT NO. 14? SECTION OR BLOCK NO. _____

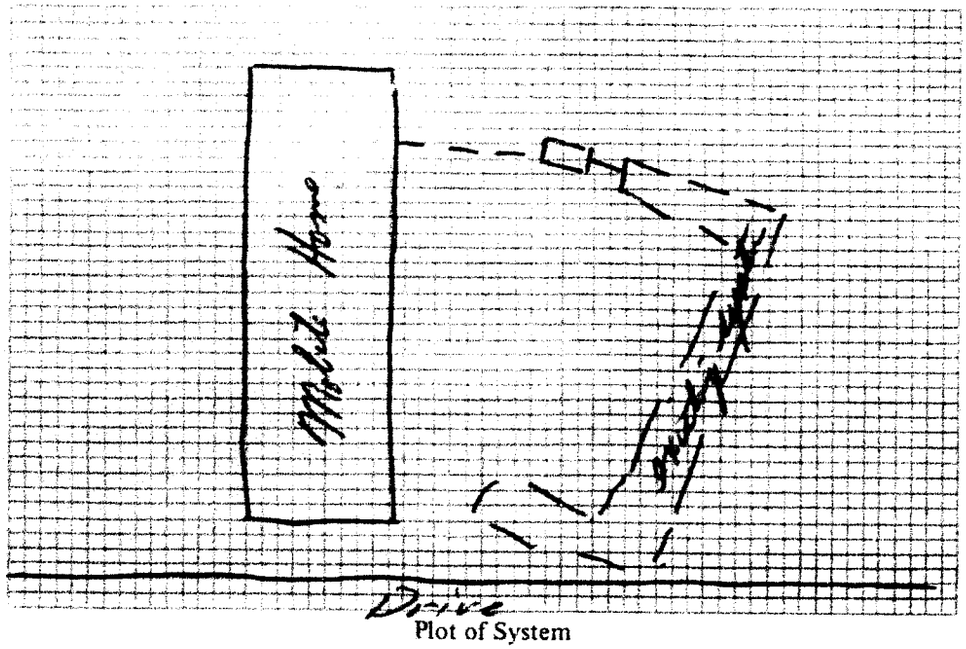
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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
Depth to Water Table _____
Rock or other impervious formations System



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System appears not take surfacing at time of inspection

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 11/22/78

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