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 Lodemia Eades DATE 8-6-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Buffalo Shoals Rd to Glen Lee Rest Home. T.L. on Rd 1333 Go to 2nd Rd. in Grum Valley - Last House on L. S. R. No. 1429

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

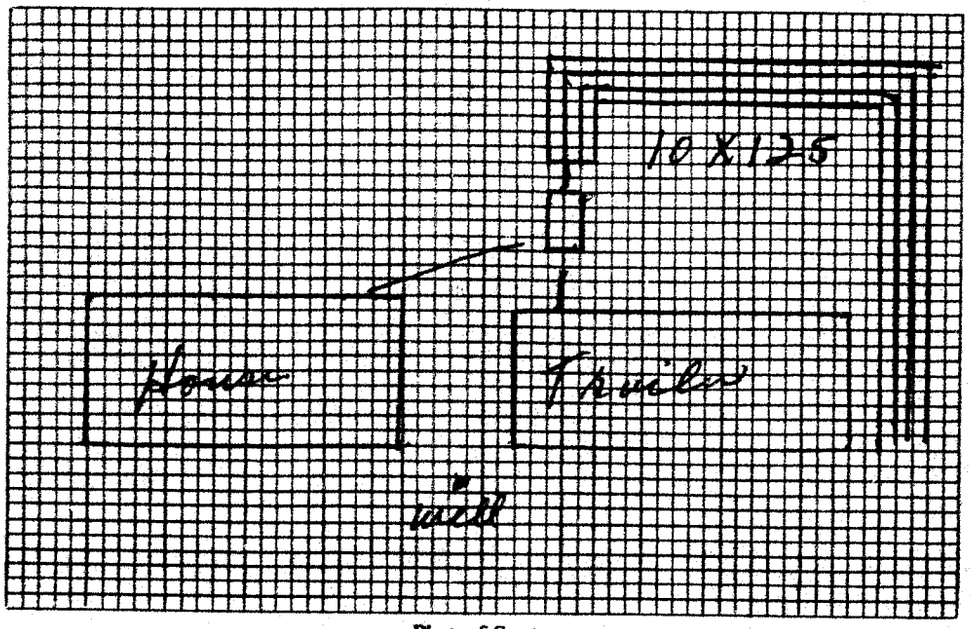
House (✓) Mobile Home (✓) Business ( ) Other _____

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 House & Trailer
Depth to Water Table _____
Rock or other impervious formations Adding Bathroom to house.



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1250 Linear Ft. 500
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8-6-76

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