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 Morrison DATE 10/26/76 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION House on N.W. Corner of Old Mountain Rd and Entrance to Celeste Estates S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

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

Lot Area 1 acre +

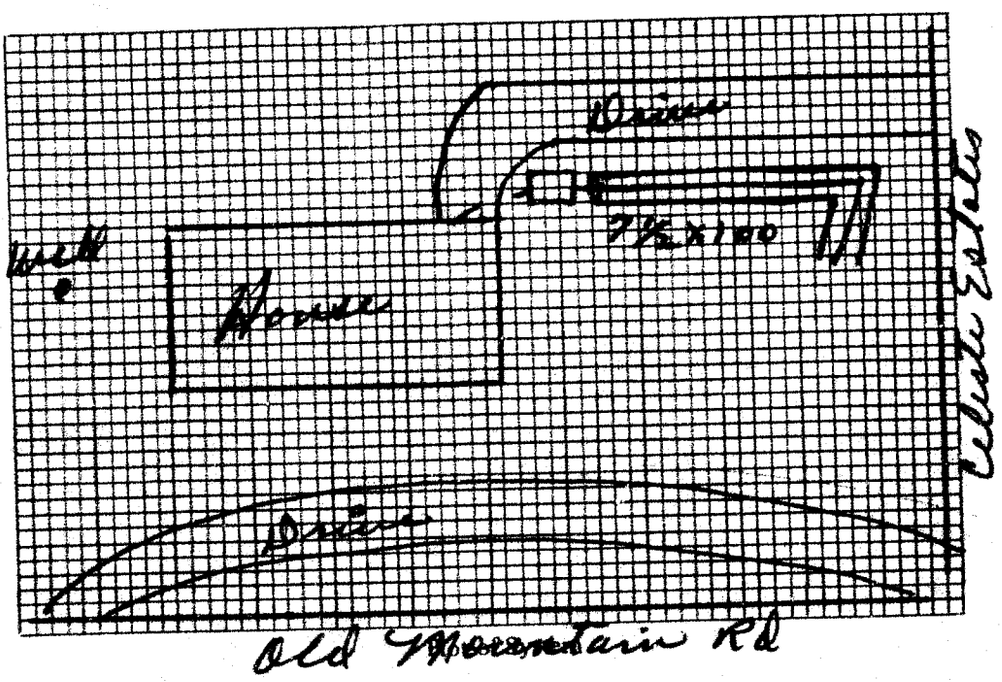
Character & Porosity of Soil Red Clay

Percolation Rate _____

Topography Slope to back of lot

Depth to Water Table Low

Rock or other impervious formations None



Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 750 Linear Ft. 300

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Wes Lytton

IMPROVEMENTS PERMIT BY _____

COMMENTS: System put in When soil was wet.
All surface water possible should be diverted
away from Tank + lines.

CERTIFICATE OF COMPLETION BY C. A. Stevenson DATE 10/26/76

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