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 Bob Starling DATE 1/18/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 W. T.L. on Old Mountain Rd. T.L. into Celeste Estates approx ½ Mile beyond School house. House on Rt at Top of hill S. R. No. _____

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

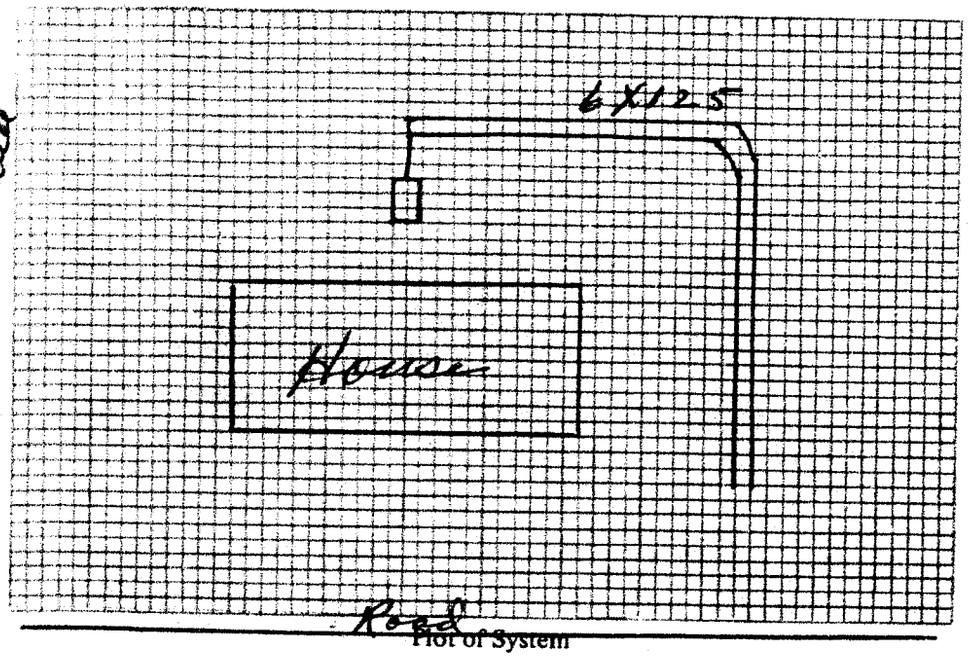
House (✓) Mobile Home ( ) Business ( ) Other _____

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 5 Acres

Character & Porosity of Soil Prev Suitable
Percolation Rate _____
Topography 2-6% Slope
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 1/18/79

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