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 Charles Doss DATE 12/15/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy. 64-70 W. T.R. on Frye Gilbert Rd # 1512. T.R. on Ralph Gilbert Rd # 1513 - 1st House on Rt. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 3

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

Lot Area 4 Acres

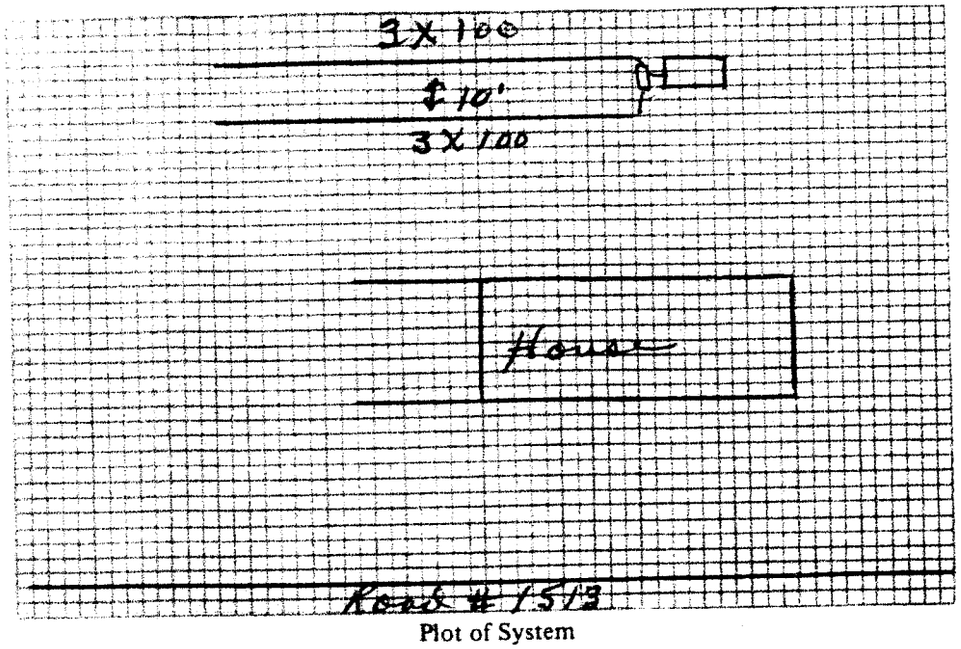
Character & Porosity of Soil Prov' Suitable

Percolation Rate _____

Topography Slope to back

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 600 Linear Ft. 200

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Harlie Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface Water should be diverted away from Septic Tank & lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 12/15/78

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