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 Larry Jenkins DATE 11/7/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Carol Lynn Acres ½ of Hwy #90 above Loray Bear to R. at Circle House on Rt. S. R. No. _____

SUBDIVISION NAME Carol Lynn Acres LOT NO. 67 SECTION OR BLOCK NO. _____

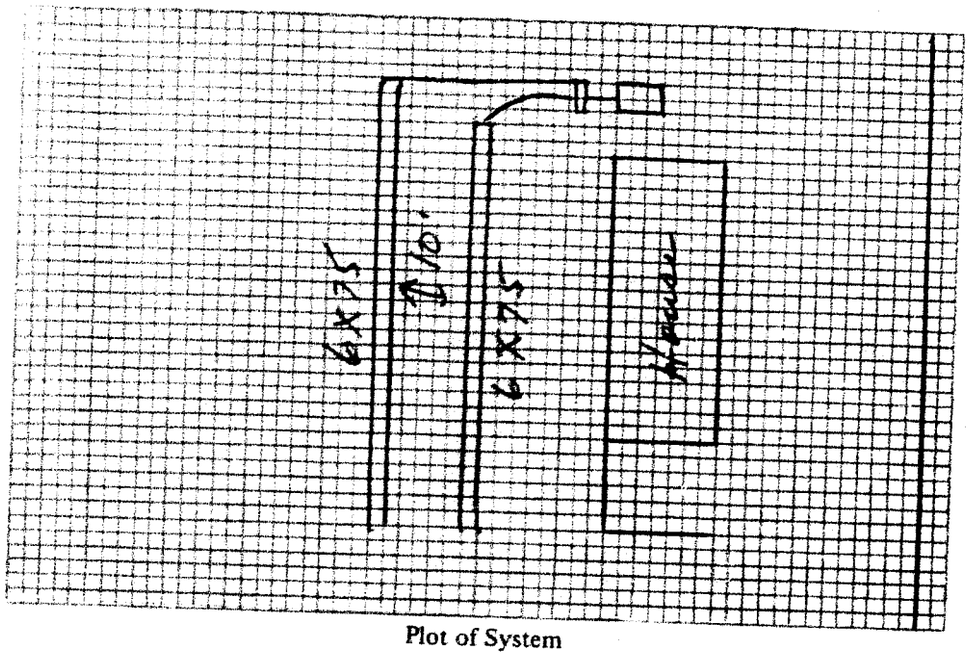
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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 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 as shown
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Lee Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Downspouts and all surface Water to be diverted away from Septic Tank & lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 11/7/78

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