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 E Pierson Lumber DATE 3/27/79 PERMIT NO. _____

PHONE: Business (North State) Home _____

LOCATION - Loray. S. R. No. _____

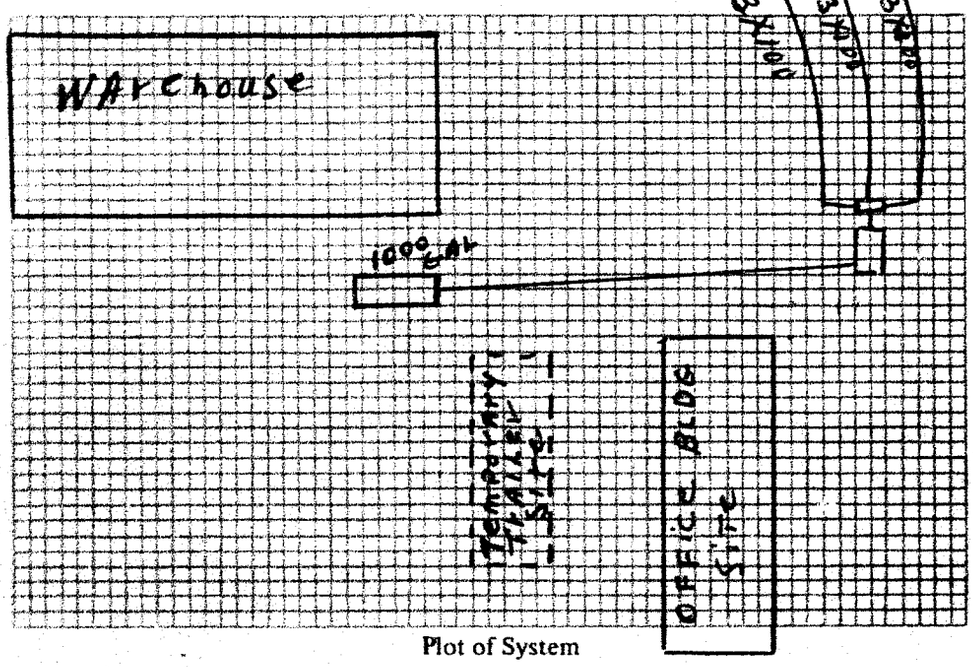
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business (+) Other Warehouse & office

No. Bedrooms _____ No. Bathrooms 3

Garbage Disposal Unit Yes ( ) No (+)
Auto. Dishwasher Yes ( ) No (+)
Auto. Wash. Machine Yes ( ) No (+)
Site Suitable Yes (+) No ( )
Lot Area Acreage

Character & Porosity of Soil Prof Suitable
Percolation Rate _____
Topography Slope
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank (2) 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (+)

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Water from downspouts and all surface water possible to be diverted away from tanks + lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 3/27/79

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