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 Melvin Brown DATE 10-15-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jo Monie Acres
House on Corner

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

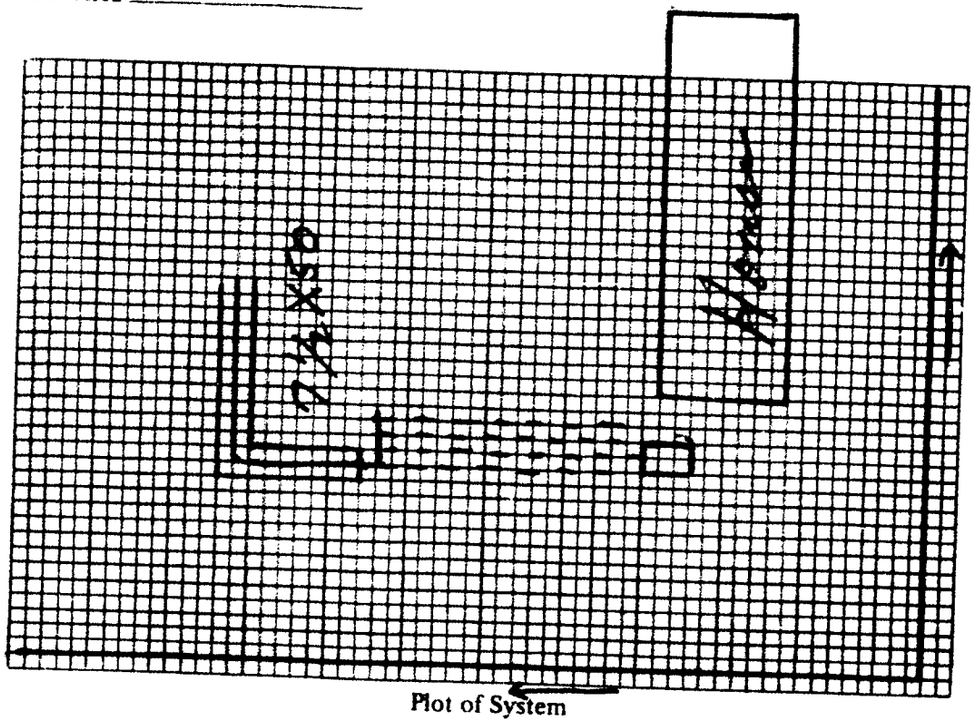
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table Repair
Rock or other impervious formations _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 375 Linear Ft. 150
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Downspouts should be diverted
away from Tank & line.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10-15-75

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