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 David Martin Bldr. DATE 2/2/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Compton Park Subdivision off of Old Mountain Rd S. R. No. _____

SUBDIVISION NAME Compton Park LOT NO. 11 SECTION OR BLOCK NO. _____

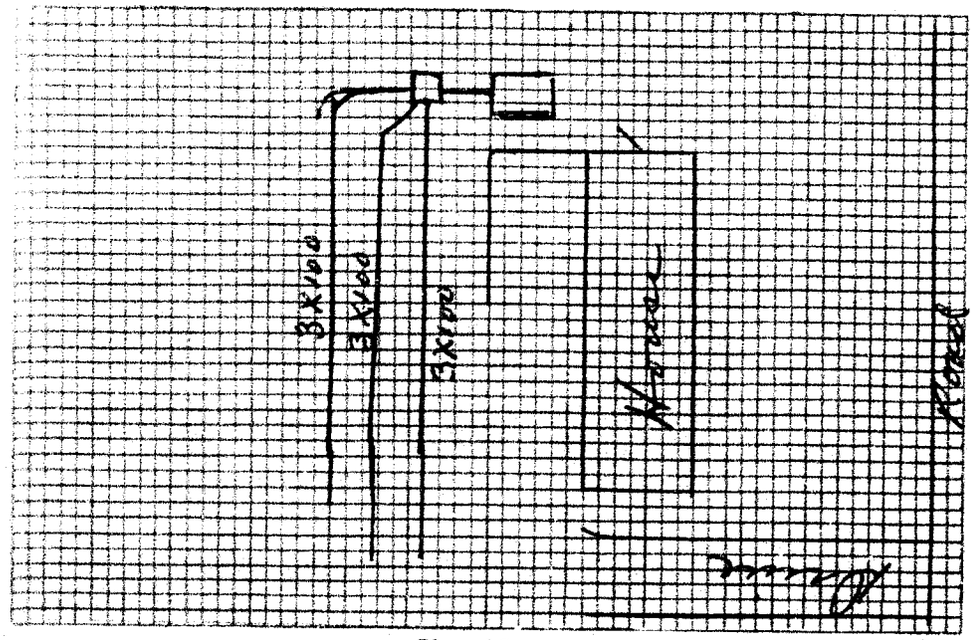
House (✓) Mobile Home ( ) Business ( ) Other _____

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 20000 Sq Ft.

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



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Harlen Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water should be diverted away from settle Tank & Lines.
Lines are Deep.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 2/2/79

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