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 Bobby Adams DATE 5-16-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Out Buffalo Shoals Rd to Old Mt. Rd, T.L., house in corner of Old Mt. Rd and Rd # 1335 S. R. No. _____

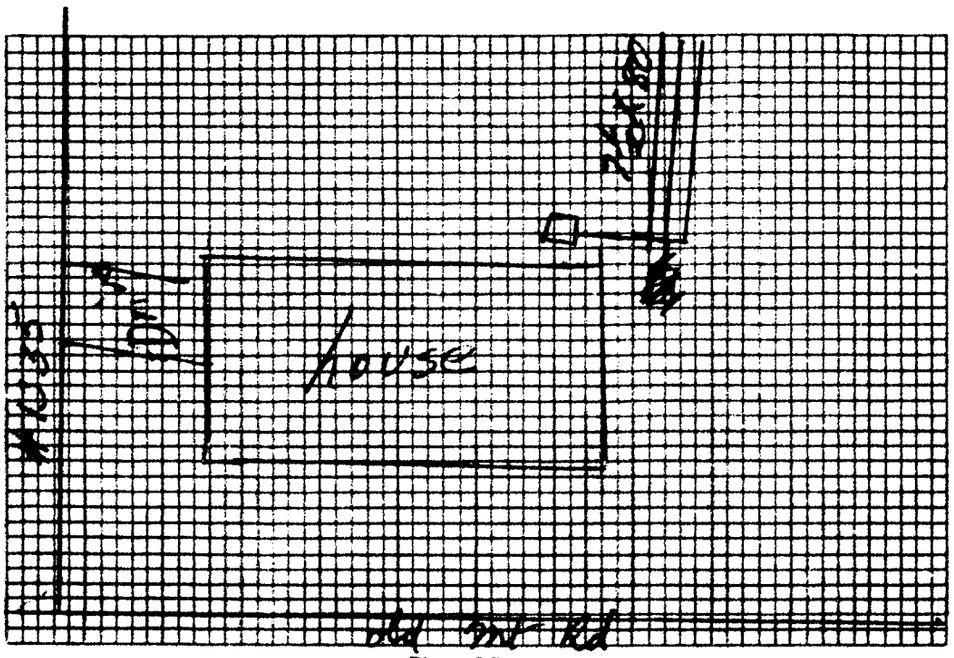
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red clay	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Nope	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Level	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low	
			Rock or other impervious formations	None	

Lot Area 2¼ acres



Plot of System

Size of Tank 1,000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 600 Linear Ft. 240
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Harlee Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Well must be over 50' from sewage system

CERTIFICATE OF COMPLETION BY Andrew Carey DATE 5-16-74

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