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 Cantrell Simpson DATE 5/22/25 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64-70 W, T.L on Grier St (#150), house left (703 Grier St

S. R. No. _____

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

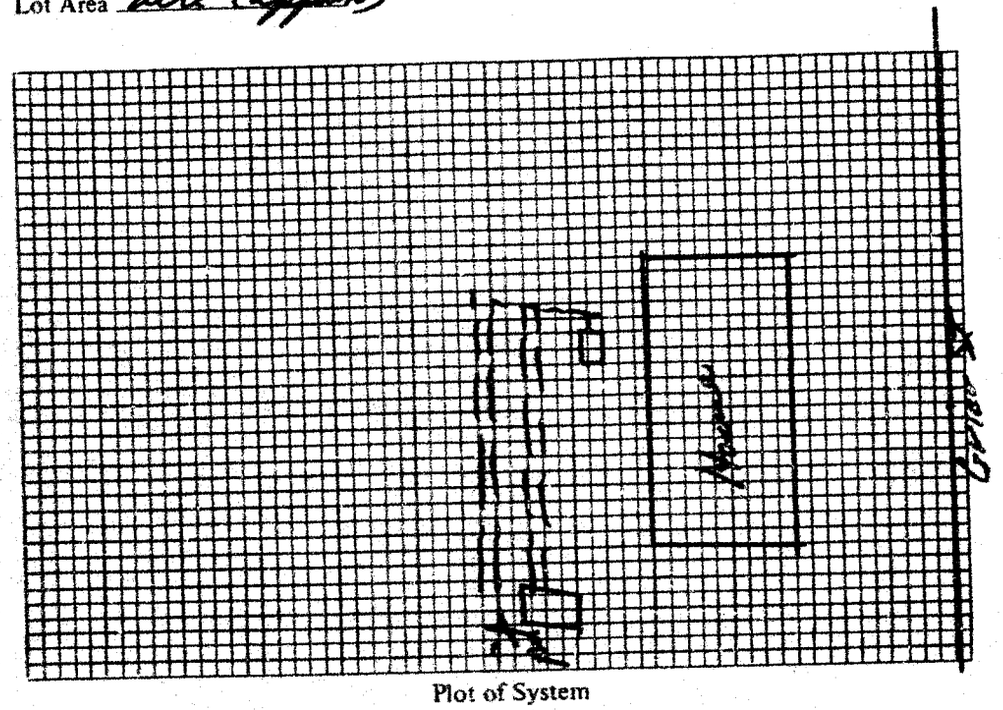
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area acre (approx)

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



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines pit w/
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines approx 20 in stone
Water Supply: Individual (✓)
Public (✓)

Installed by Ross Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: If pit should give trouble, a new system should be designed to handle effluent

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 5/22/25

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