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 M & F. Sales DATE 7/22/77 PERMIT NO. ____

PHONE: Business ____ Home ____

LOCATION Grayson Park Mobile Home Park

S. R. No. ____

SUBDIVISION NAME ____ LOT NO. 3 SECTION OR BLOCK 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 ____

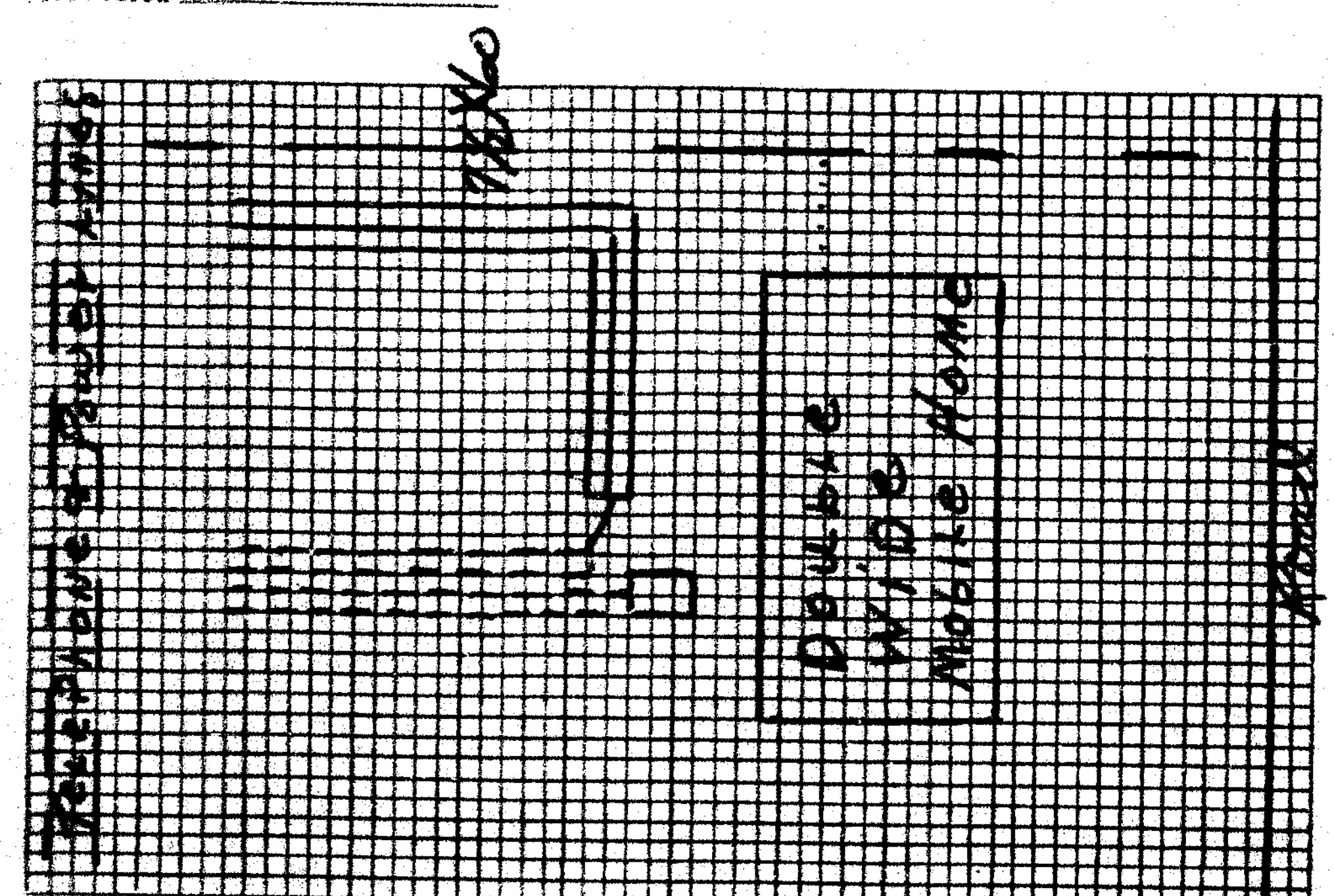
Character & Porosity of Soil ____

Percolation Rate ____

Topography Repair

Depth to Water Table ____

Rock or other impervious formations ____



Plot of System

Size of Tank Repair Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 180

Depth of Stone in Lines 10"

Water Supply: Individual ( )

Public (✓)

Installed by Eddie Younts & Son

IMPROVEMENTS PERMIT BY ____

COMMENTS: ____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 7/22/77

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