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 6/5/75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 90 N., T.R. into Grayson Park

S. R. No. _____

SUBDIVISION NAME Grayson Park LOT NO. 16 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 _____

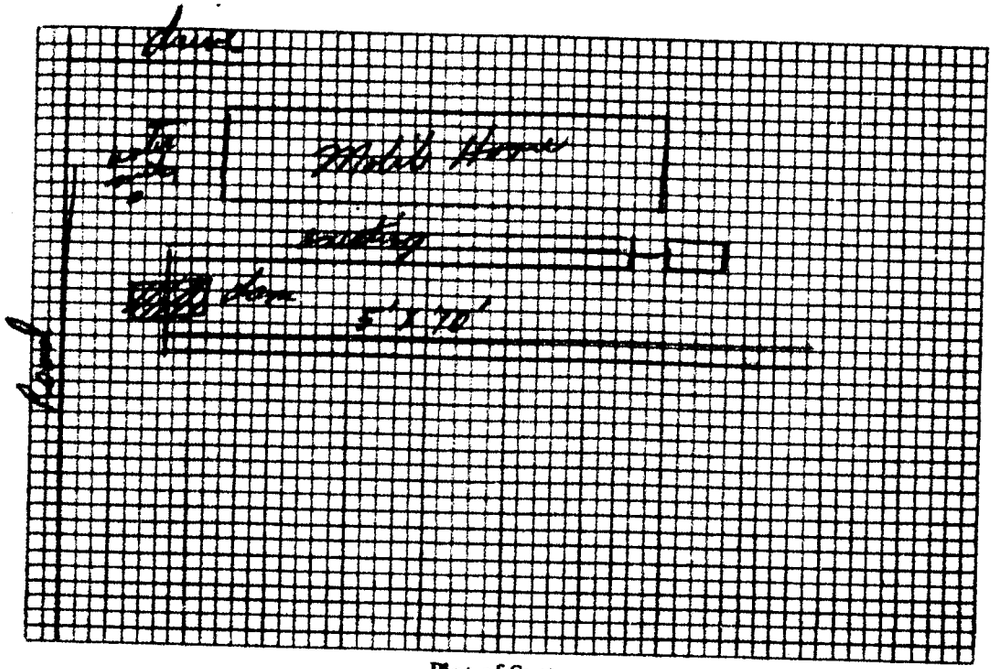
Character & Porosity of Soil Hard Red Clay

Percolation Rate _____

Topography slight slop to rd

Depth to Water Table _____

Rock or other impervious formations none observed



Plot of System

Size of Tank existing Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 350 Linear Ft. 140
Depth of Stone in Lines 15"

Water Supply: Individual ( )
Public ( )

Installed by West Litten Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Fill in low areas along old line, Surge off grass + pack + red dirt where old lines are surfacing
Suggest that tank be pumped as precautionary measure

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 6/5/75

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