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 Nellie Fox DATE 9/20/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Grayson Park

S. R. No. _____

SUBDIVISION NAME Grayson Park LOT NO. 26 SECTION OR BLOCK NO. _____

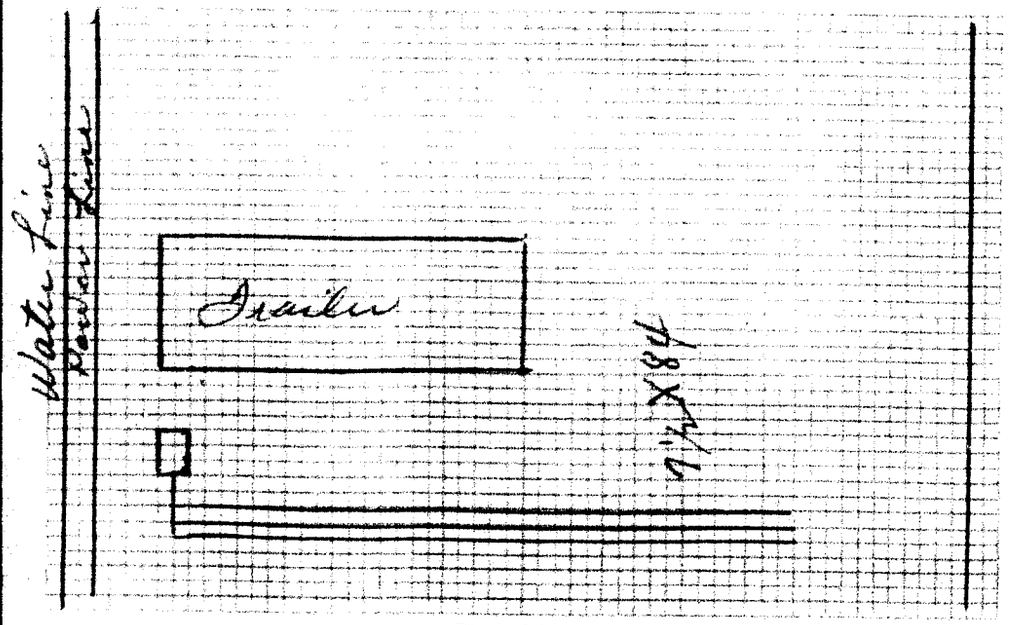
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 11,250

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slight Slope 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. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: This Space for rental Purposes Only. This lot not to be Sold unless increased in size to Comply With regulations

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 9/20/78

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