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 6/24/76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Grayson Park

S. R. No. _____

SUBDIVISION NAME Grayson Park LOT NO. 21A SECTION OR BLOCK NO. _____

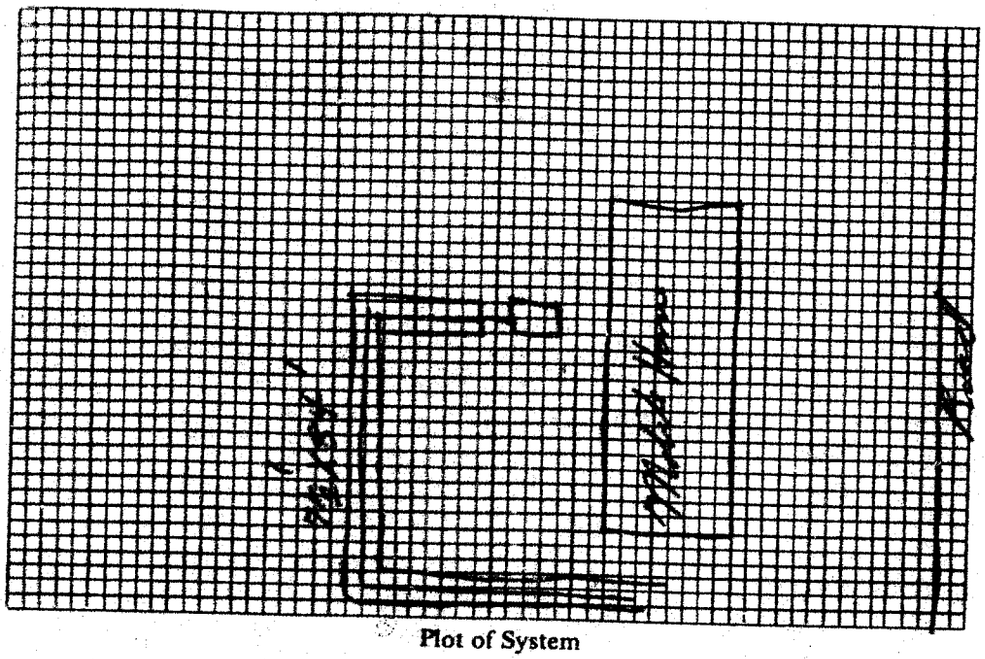
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 20,000 sq ft

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography slight slope
Depth to Water Table low
Rock or other impervious formations none observed



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 Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: System installed shallow –

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 6/24/76

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