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 & T. Sales DATE 2-3-77 PERMIT NO. _____

PHONE: Business _____ Home _____

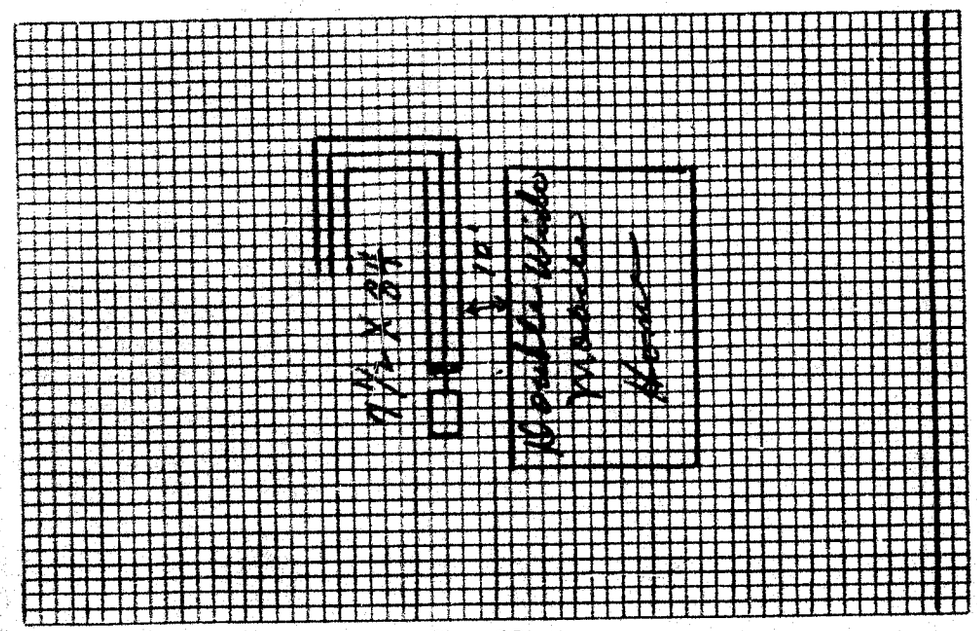
LOCATION Grayson Mobile Home Park S. R. No. _____

SUBDIVISION NAME Grayson Park LOT NO. 11 A SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	2		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No	(✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	Slight Slope
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	Low
				Rock or other impervious formations	None

Lot Area 20,000 Sq/ft



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 Eddie Younts

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface Water should be diverted away from Tank & lines.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 2-3-77

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