# 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 Noah Sipes

PHONE: Business _____ Home _____ DATE 06-28-84 PERMIT NO. _____

LOCATION Hwy 90 W, T.R. on Grayson Rd, T.R. into 2nd Drive of Grayson MHP, 7th Mbl. on Right

SUBDIVISION NAME Grayson MHP LOT NO. 23 S. R. No. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1 1/2

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

Lot Area Ample

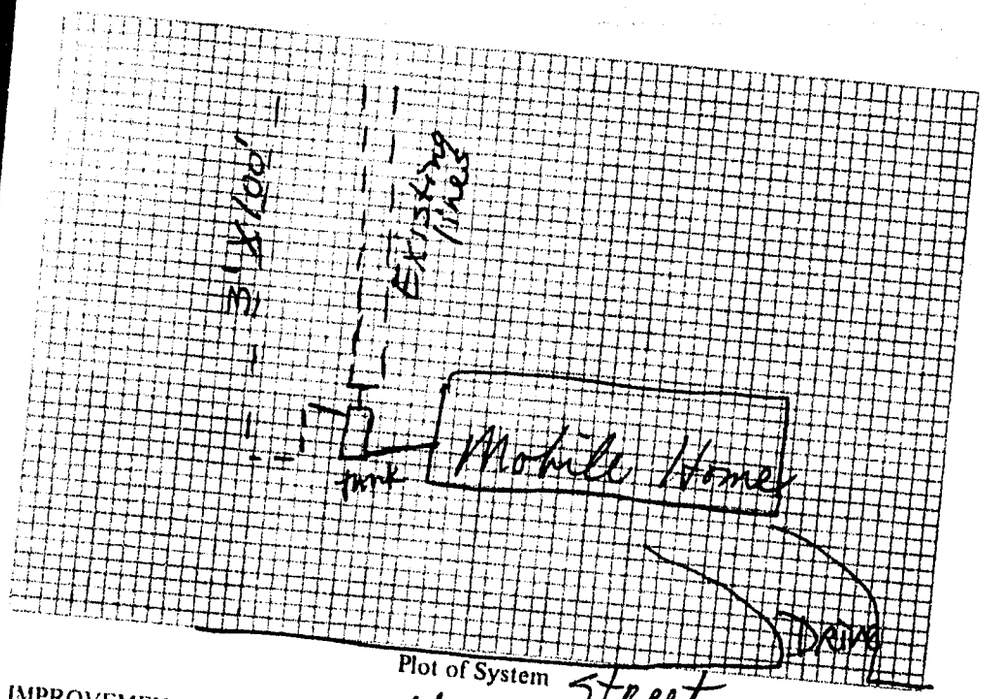
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table Repair

Rock or other impervious formations _____




Plot of System Street

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 300 Linear Ft. 100

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Harry Reep

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: Installed new tee, feeding old lines first

Tank pumped

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: Jerry L Reese DATE 06-28-84

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold