# 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 Edd Sipes DATE 9-5-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Grayson Park

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 22 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area 20,000 Sq ft.

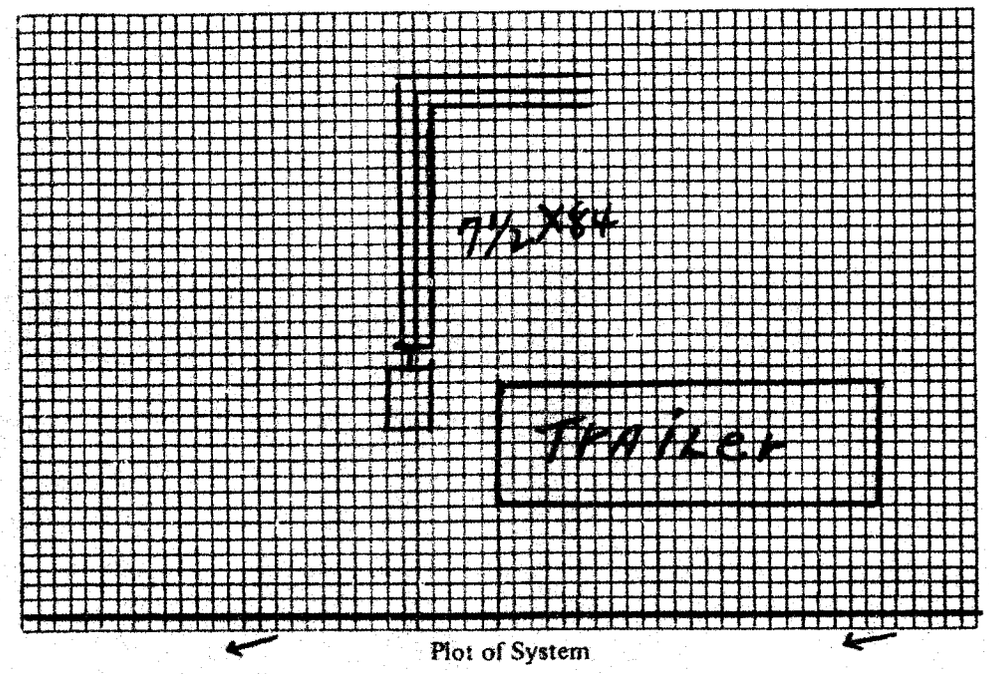
Character & Porosity of Soil Hard Red Clay

Percolation Rate _____

Topography Slope To E. Side

Depth to Water Table Low

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 Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lines are Deep. Surface Water should be diverted away from lines.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 9-5-75

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