## 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. Dales DATE 9/20/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Grayson Park

S. R. No. _____

SUBDIVISION NAME Grayson Park LOT NO. 20 A SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (+)

Auto. Dishwasher Yes ( ) No (+)

Auto. Wash. Machine Yes (+) No ( )

Site Suitable Yes (+) No ( )

Lot Area 20,000 Sq Ft

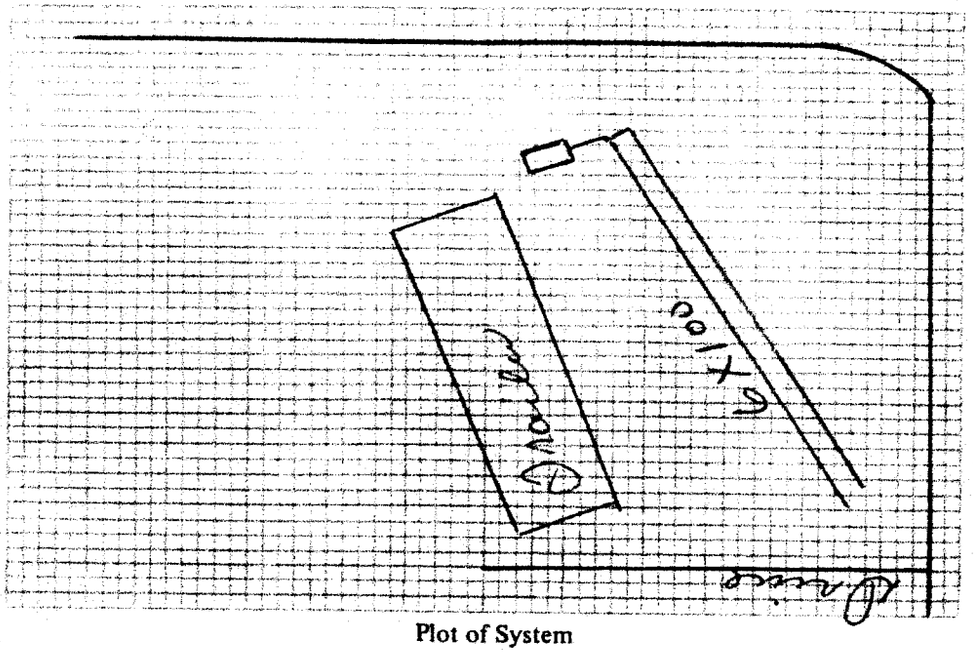
Character & Porosity of Soil Poor Soil Prob Suitable

Percolation Rate _____

Topography Slope to Road

Depth to Water Table Low

Rock or other impervious formations None




Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (+)

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lines are deep

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