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 11-15-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION - Grayson Park -

S. R. No. _____

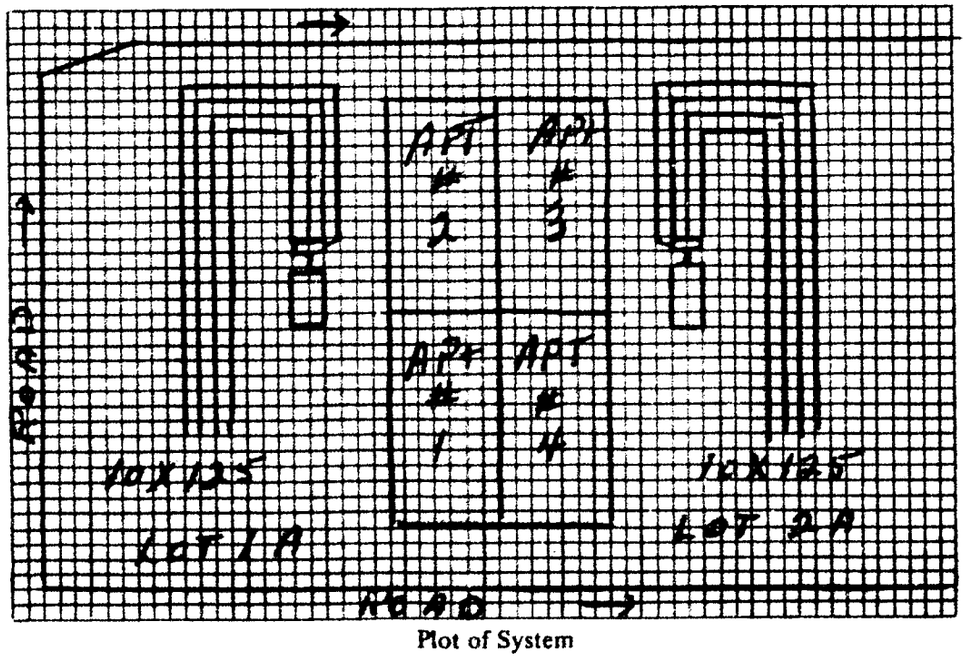
SUBDIVISION NAME _____ LOT NO. 1A & 2A SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Duplex Apt.

EACH APT.
No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay Loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Good
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Good
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low
			Rock or other impervious formations	None

Lot Area 40,000 Sq. ft.



Plot of System

EACH System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1250 Linear Ft. 500
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Hobe Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 11-15-75

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