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 Tommy Payne DATE 10/31/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Grayson Park Mobile Home Park
NC Hwy #90

SUBDIVISION NAME Grayson Park LOT NO. 6A SECTION OR BLOCK NO. _____ S. R. No. _____

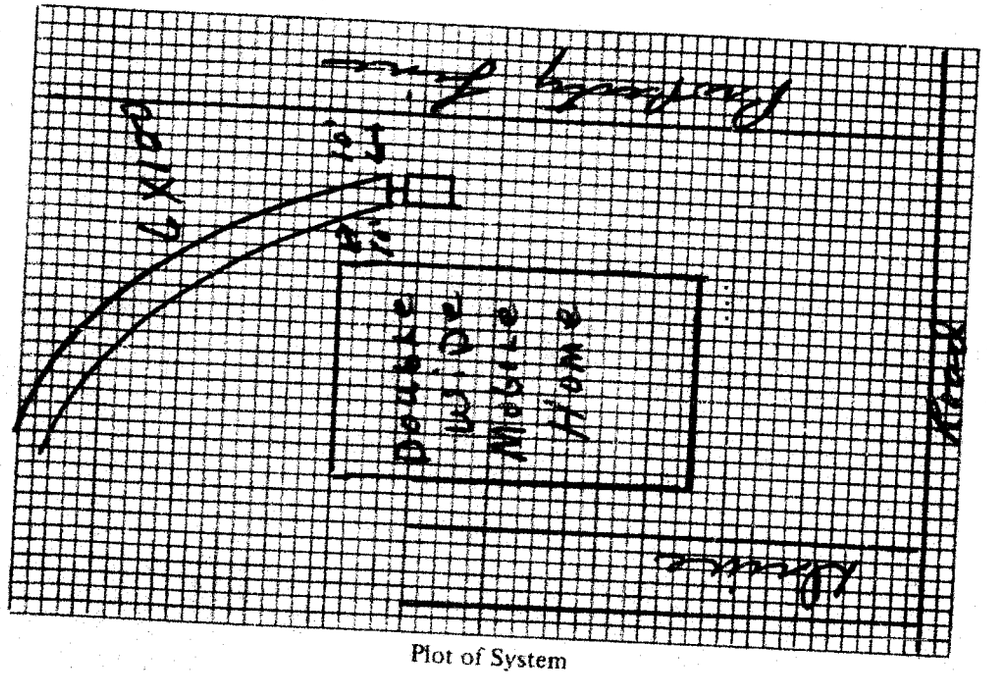
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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 Prev Suitable
Percolation Rate _____
Topography 2% Slope Level
Depth to Water Table _____
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 Harlen Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Mobile Home not on lot at time of inspection.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10/31/77

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