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 Mazellen Stevenson DATE 6/7/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Scotts Rd

S. R. No. _____

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

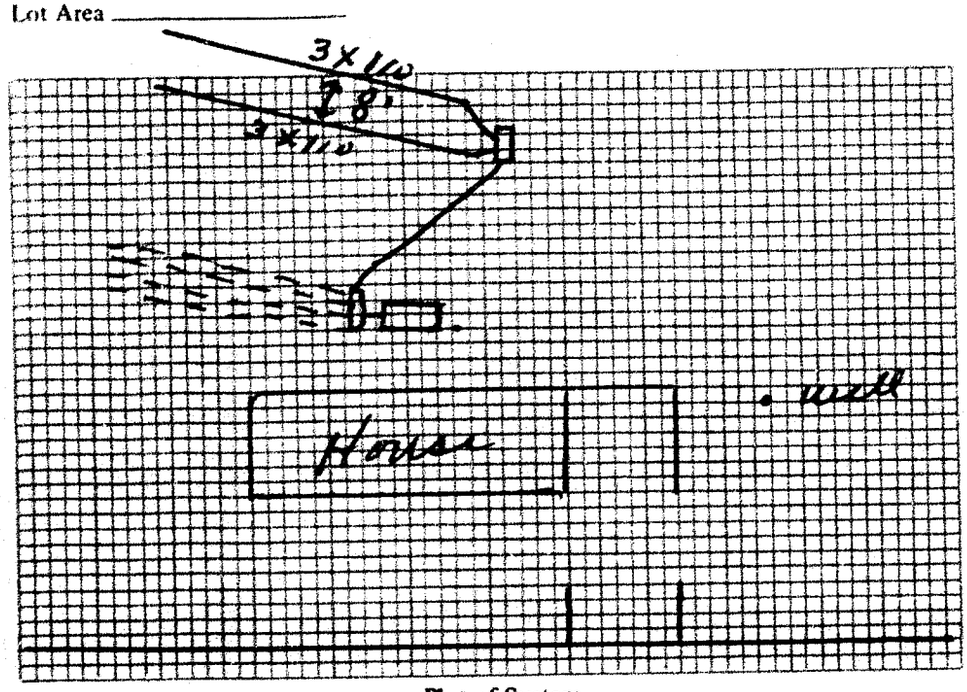
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 660 Linear Ft. 220
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank Pumped. Tank lid Poured Solid. Could not get to Tee end to check. Effluent Clear no sludge. Repair Tank lid.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6/7/79

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