IREDELL COUNTY HEALTH DEPARTMENT

01856 (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James A. Scott DATE 1-16-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N- Thru SR 1537 Cross Rd 115 Thru Ethel Lane

SUBDIVISION NAME Gibbs Lone Park LOT NO. 29 SECTION OR BLOCK NO. _____ S. R. No. _____
TAT-A-29

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

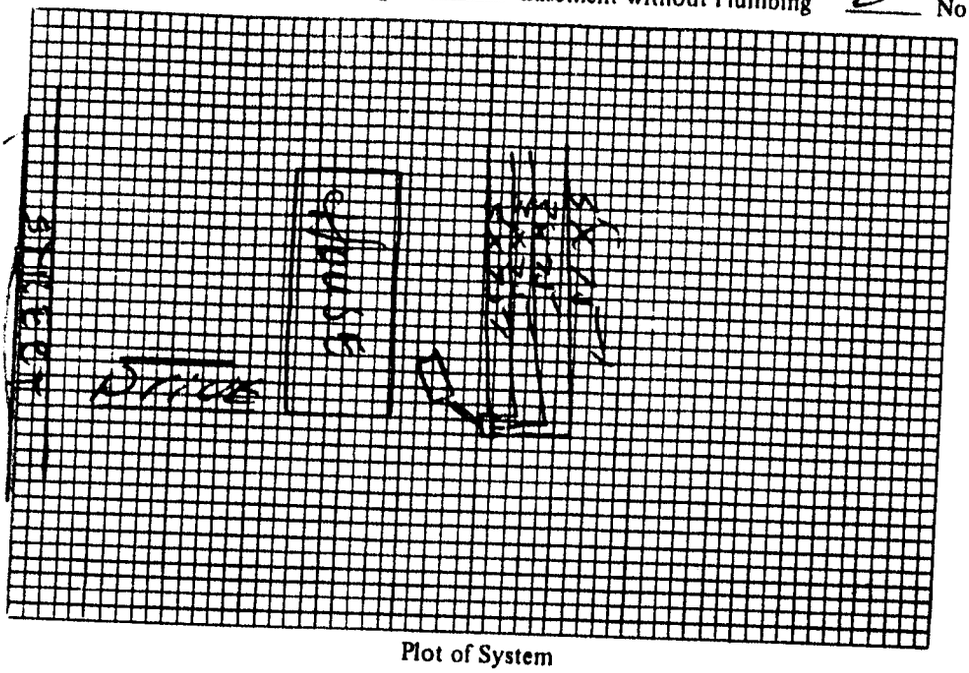
No. Bedrooms 3 No. Bathrooms 1 1/2

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

Lot Area _____

Character & Porosity of Soil Red Clay, Sandstone
Percolation Rate 2 Gal. per Sq. Ft. per
Topography Gently Rolling
Depth to Water Table 10' plus
Rock or other impervious formations 60" Weathered Rock

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 400 Linear Ft. 300
Depth of Stone in Lines 18
Water Supply: Individual ( )
Public (✓)

Installed by Johnson & Son

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 1/16/85

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold