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 J. W. Owens DATE 5/31/78 PERMIT NO. _____

PHONE: Business _____ Home _____

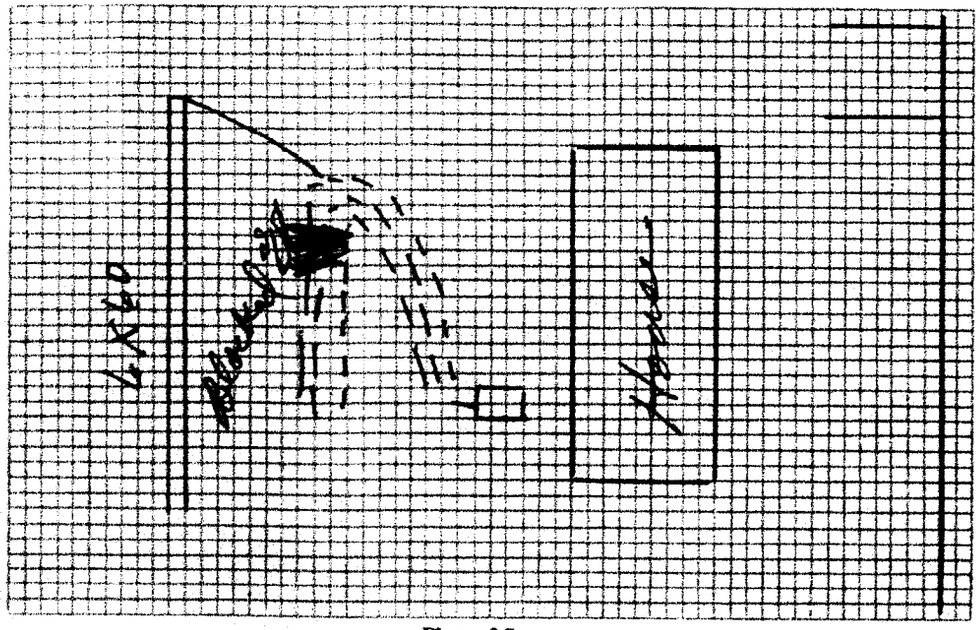
LOCATION Hwy 115 Past Gregorys Store, T.R. on Rd. #1958
T.L. on Rd 1962 - 1st House on Rt. S. R. No. _____

SUBDIVISION NAME Windy Hill Acres 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 ( )
Lot Area _____

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



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 360 Linear Ft. 120
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Don Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Original installation had very little grade, was not on grade board. appears to have too much fall.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5/31/78

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