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 Tom Coy DATE 10/25/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd. Turn into Southwood Sub. Division. T.L. 1st Street, old Farmhouse on Rt. S. R. No. _____

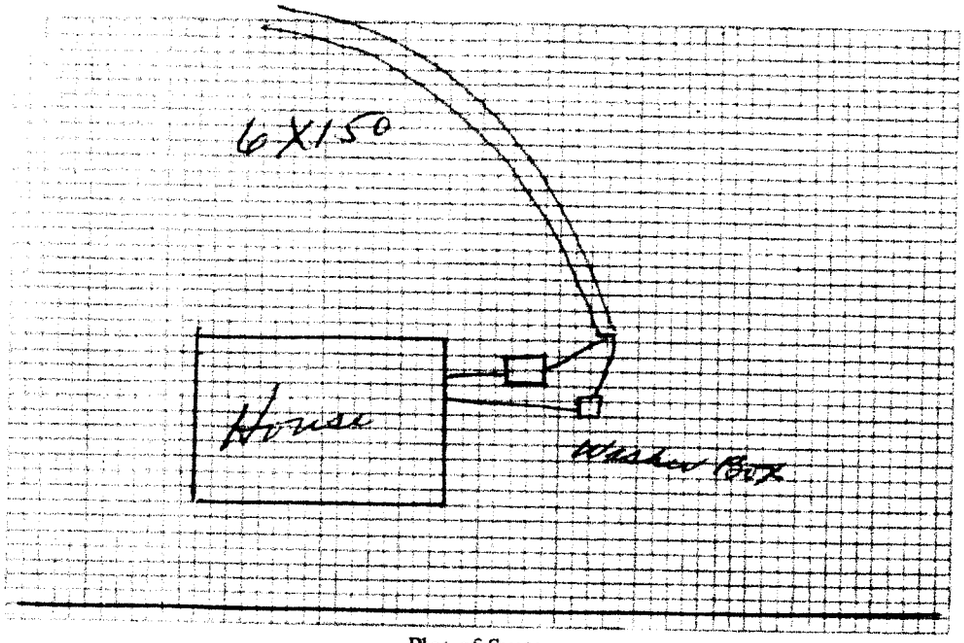
SUBDIVISION NAME Southwood LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	_____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	_____
Auto. Wash. Machine	Yes ( )	No ( )	Topography	_____
Site Suitable	Yes ( )	No ( )	Depth to Water Table	Repair
			Rock or other impervious formations	_____

Lot Area _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stutzman DATE 10/25/78

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