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 Loren Compton DATE 1/3/80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Wallace Springs Rd. T.L. on old Mountain Rd. 1st House on Rt. Past Southwood Sub-Div. S. R. No. _____

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

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

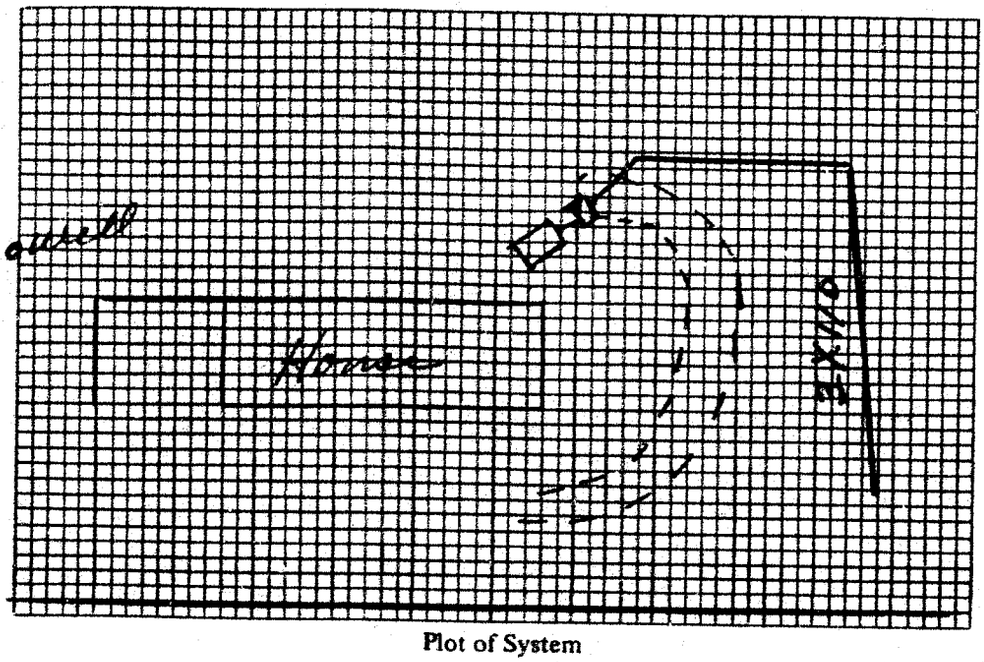
No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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

well



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 330 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert surface water away

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 1/3/80

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