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 D. W. Massey DATE 4-12-79 PERMIT NO. _____

PHONE: Business _____ Home _____

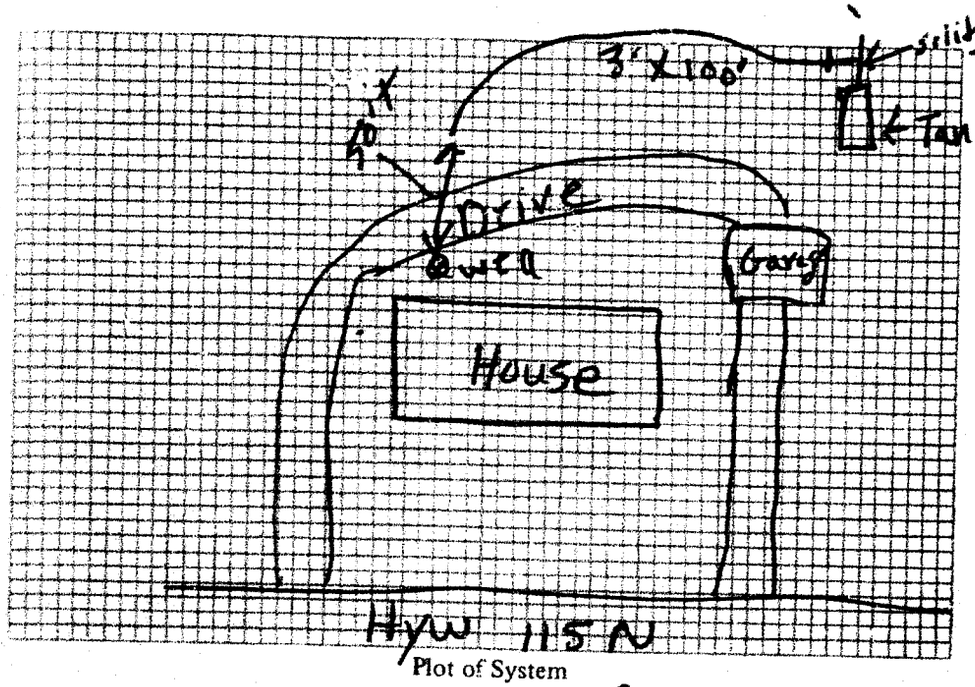
LOCATION 115 N TL on old 115 1mi on right. S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	cecil clay loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	60 min
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 4 %
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+
Lot Area	1 acre		Rock or other impervious formations	none



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Don Lackey

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: checked sanitary it was in place landscape so surface water will not stand over line

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 4-12-79

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