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 Ray Bishop DATE 4-16-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 N- TR on Chipley Ford Rd. 4th Lawson Ct.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

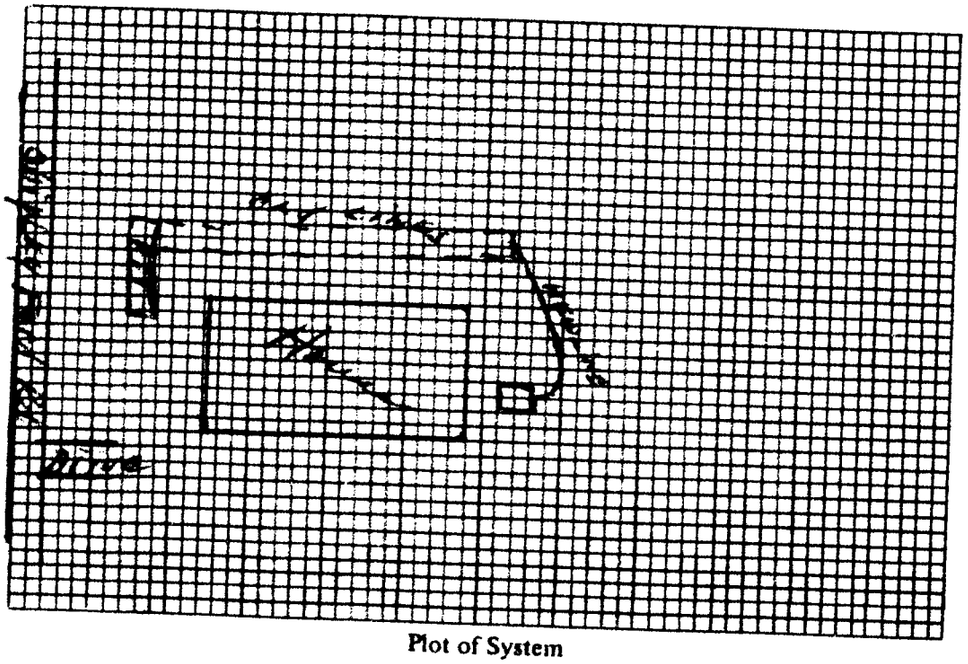
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Repair
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing — Gals.
Nitrification Field:
No. of Lines Repair
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Laurence Rowe

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lines from Septic Tank stopped up by sludge at 45 on line. Repaired by installing new line and tile at end of drainfield.

CERTIFICATE OF COMPLETION BY Allen Hicks DATE _____

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