**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 Alton Shaw DATE 6-6-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N. Center Street. Last house on L. Before you get to I. 40 S. R. No. _____

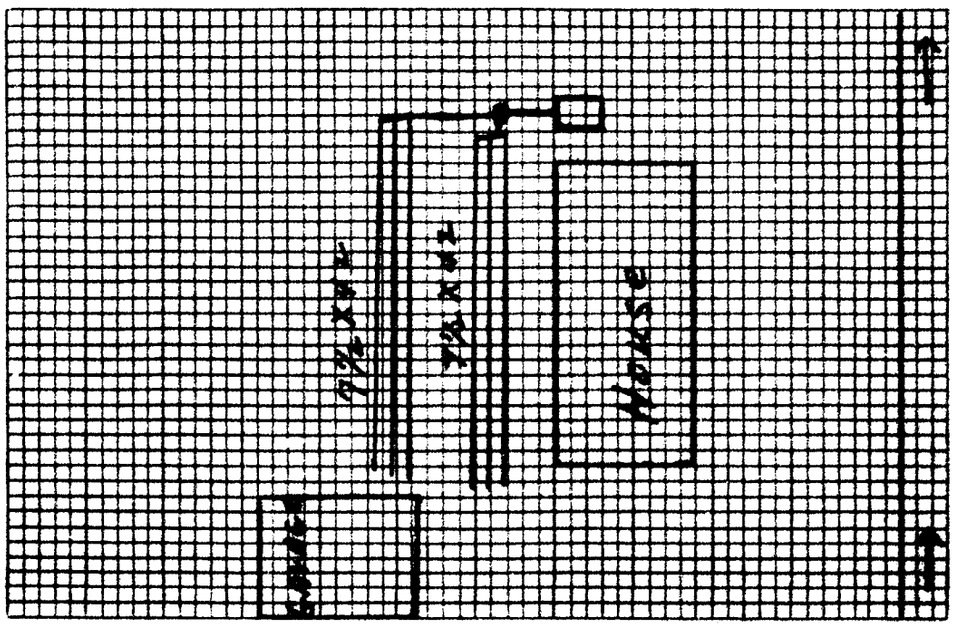
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____




Plot of System

Size of Tank Old Tank Gals.
Nitrification Field:
No. of Lines As Shown on Sketch
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Lackey Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 6-6-74

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