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 Ed Pierce DATE 4/4/80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 90N, go 3/10 mile past "76" station and T.R. on private drive, bear ~~left~~ Right at fork, house on left S. R. No. _____

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

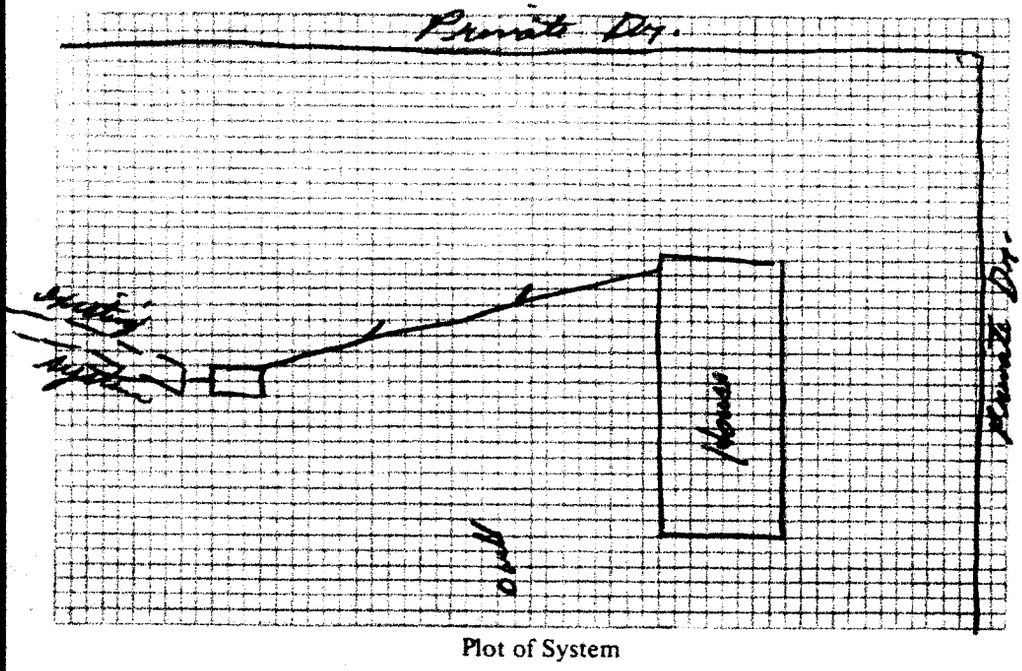
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil Red Clay
Percolation Rate 5
Topography 2-6%
Depth to Water Table wk
Rock or other impervious formations some found

Lot Area acreage



Plot of System

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

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Schedule 40 pipe from house to tank, clean outs at least every 50'.
System appears not to be surfacing at time of inspection

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 4/4/80

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