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 Mrs Minnie Rash DATE 7-18-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Out Chipley Ford Rd. T.R. on 1926 - T L on 2nd Rd 1967. He To Curve. Trailer on R. S. R. No. _____

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

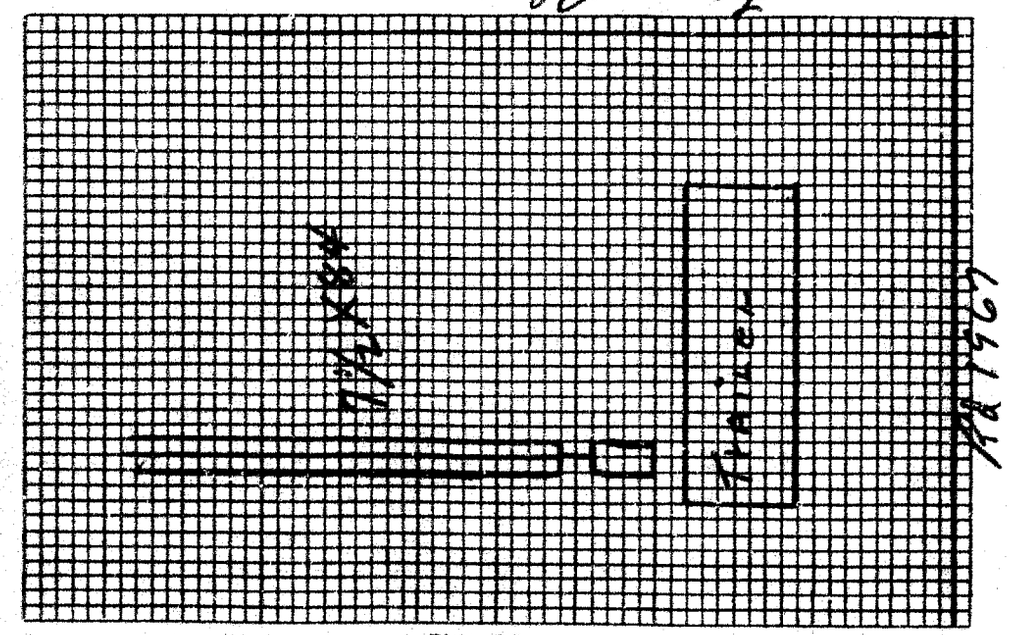
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 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 Cecil Clay
Percolation Rate _____
Topography Slight Slope to Rear Low
Depth to Water Table _____
Rock or other impervious formations None

Lot Area Acreage



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY Wm Howard

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 7-18-75

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