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 Mr. Bogard / Mr. Charles Liddy DATE 7-12-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Fairdale Dr.

S. R. No. _____

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

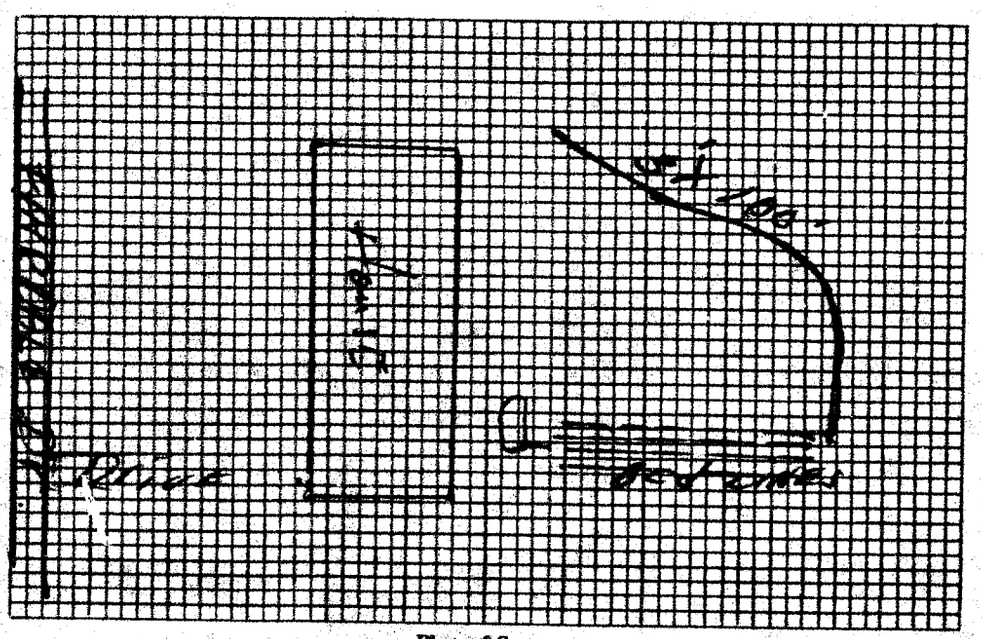
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

Repair



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 Ray Lentz

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 7/12/77

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