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 Ralph Porter DATE 11-4-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Chipley Ford Rd. T.R. on Porter St. Pressley Acres

S. R. No. _____

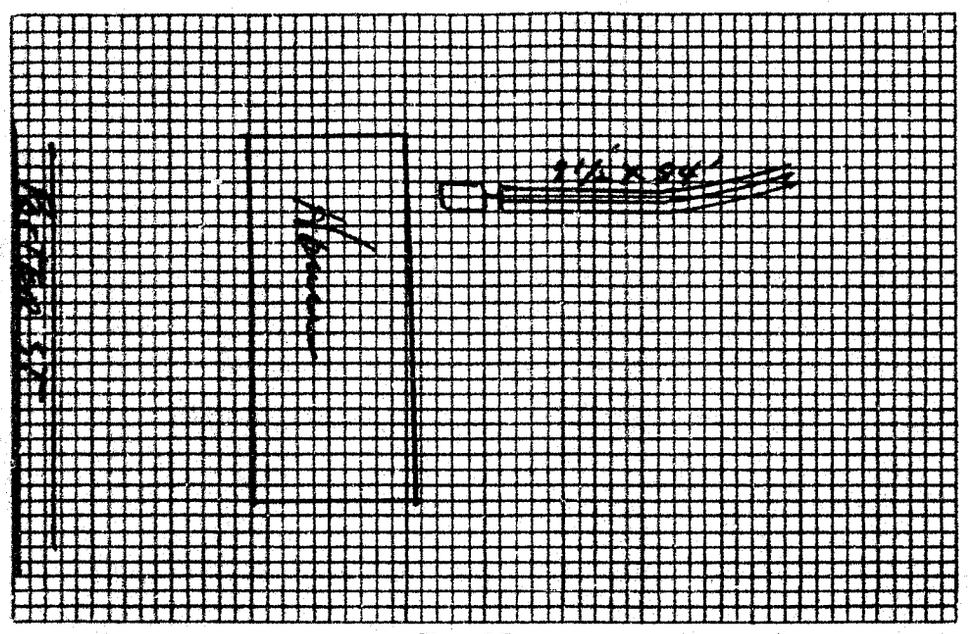
SUBDIVISION NAME Pressley Acres LOT NO. 8 - R ? SECTION OR BLOCK NO. _____

House (4) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (4)	Character & Porosity of Soil	Clay
Auto. Dishwasher	Yes (3)	No ( )	Percolation Rate	4
Auto. Wash. Machine	Yes (3)	No ( )	Topography	Slight to light slope
Site Suitable	Yes (3)	No ( )	Depth to Water Table	none
			Rock or other impervious formations	none

Lot Area _____



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 10"

Water Supply: Individual ( )
Public (4)

Installed by Lackey Bros.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox Jr. 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