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 Dick Mayo DATE 22 Oct 74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 S. to RD # 2348 South Little for Chunk. S to RD # 2349 on R. 4th house on left. 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 ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

Character & Porosity of Soil Repair

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Repair

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines 2

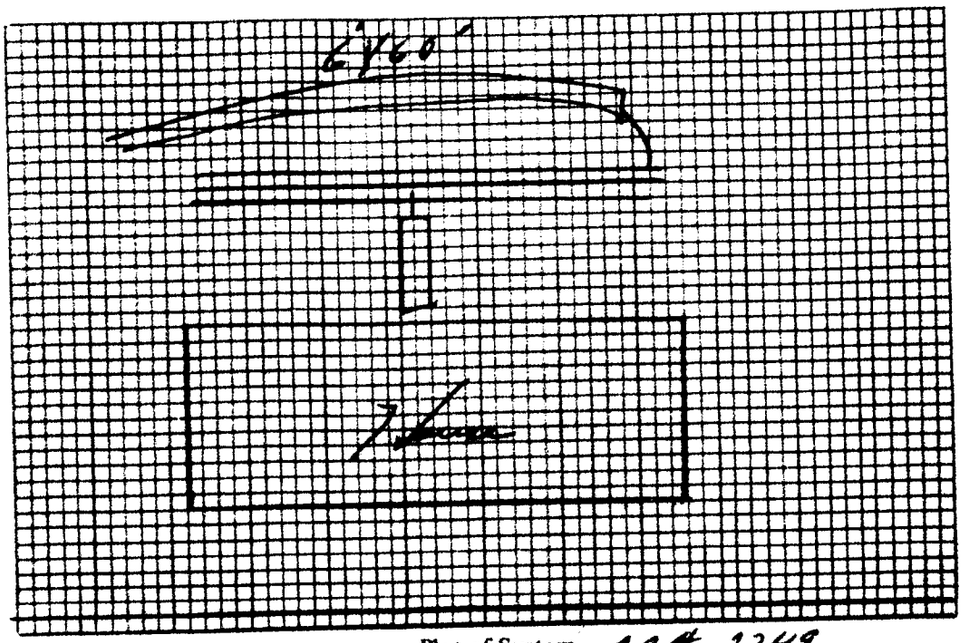
Sq. Ft. 160 Linear Ft. 120

Depth of Stone in Lines 16 - 24"

Water Supply: Individual ( )

Public ( )

Installed by Henry Lopin



Plot of System RD # 2349

IMPROVEMENTS PERMIT BY _____

COMMENTS: Poor Soil - Good Repair will have good chance to function properly under moderate usage

CERTIFICATE OF COMPLETION BY [signature] DATE 11-6-74

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