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 Elbert Gunter DATE 9-12-24 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 305 White Mill Rd

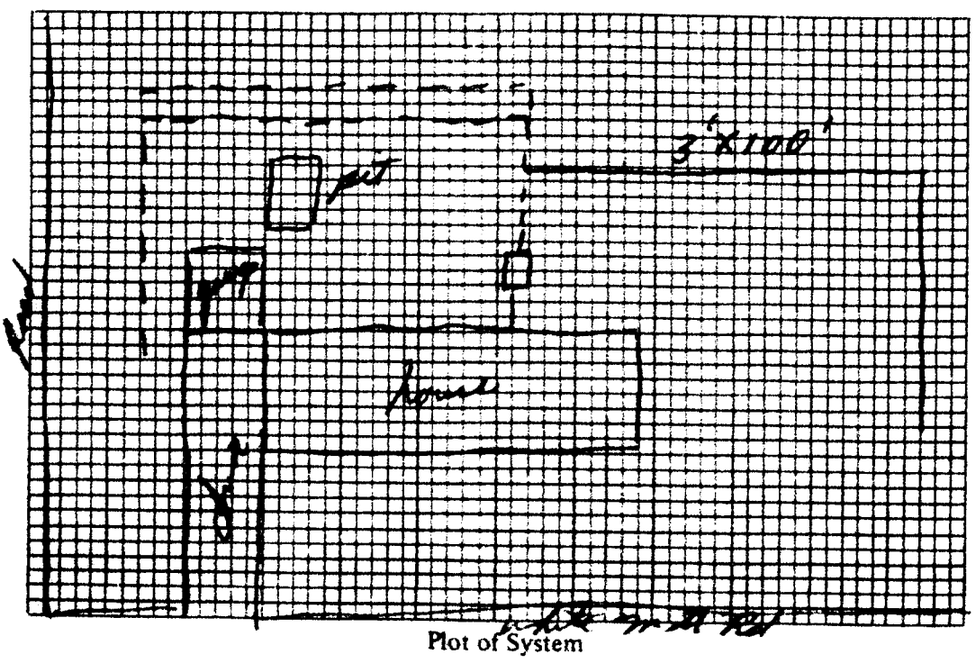
S. R. No. _____

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 _____
Percolation Rate existing system
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



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 10"+
Water Supply: Individual ( )
Public ( )

Installed by Lackey Bros.

IMPROVEMENTS PERMIT BY _____

COMMENTS: A pit has been installed for well water - approx 10 ton (appears to be a "Good system)

CERTIFICATE OF COMPLETION BY Andrew E. Coury 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