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 John Lentz DATE 11 Feb 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1000 Cecil St. S. R. No. _____

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

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

No. Bedrooms 3 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 Loam

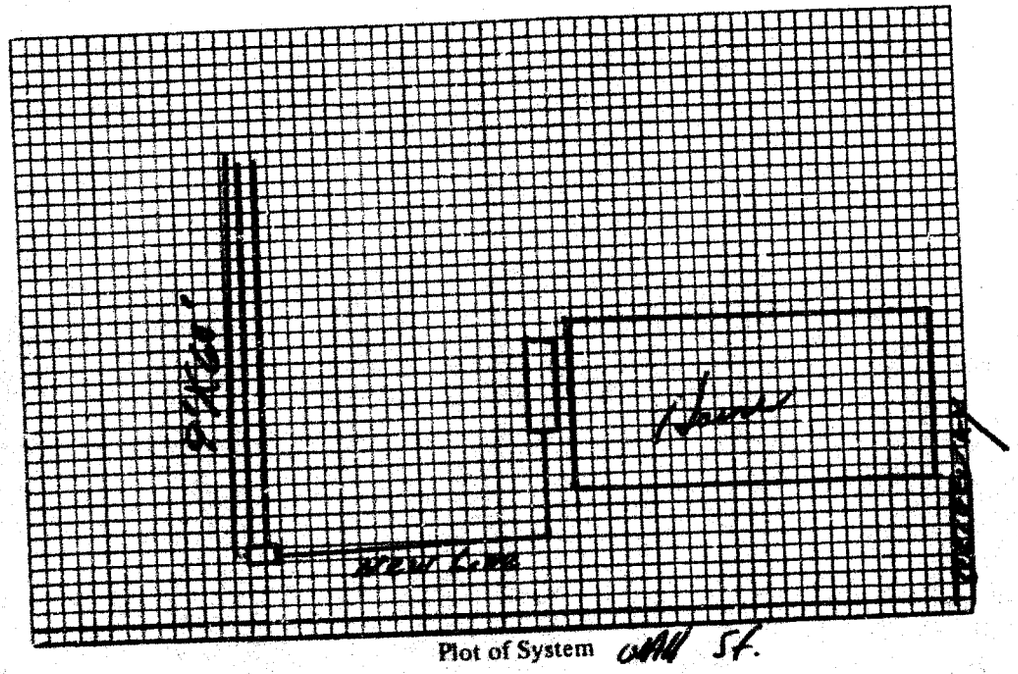
Percolation Rate ok

Topography Slight slope from left of house

Depth to Water Table ok

Rock or other impervious formations ok

Lot Area _____



Plot of System Cecil St.

Size of Tank Ryan Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 540 Linear Ft. 180

Depth of Stone in Lines 16-20"

Water Supply: Individual ( )

Public (✓)

Installed by Henry Ryan

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank was pumped. Use left of block garden hose. Hand repair job.

CERTIFICATE OF COMPLETION BY Carl Howard DATE 11 Feb 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