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 Burley Robert Mayberry DATE 1-31-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION N/E Corner East Side Dr. Campbell St.

_____ S. R. No. _____

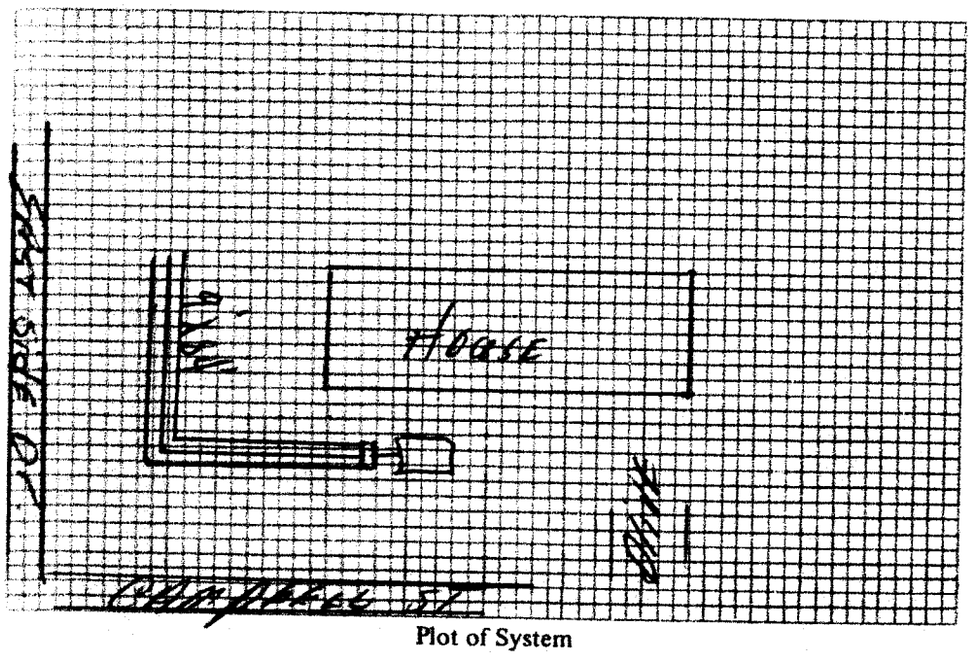
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sand
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Fast
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Unk
			Rock or other impervious formations	None

Lot Area _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 210 Linear Ft. 210
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public (✓)

Installed by Harlee Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd Jr. DATE 1/31/78

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