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 Walter McKellar DATE 5-17-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 13 & 2 Old Salisbury Rd.

S. R. No. _____

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

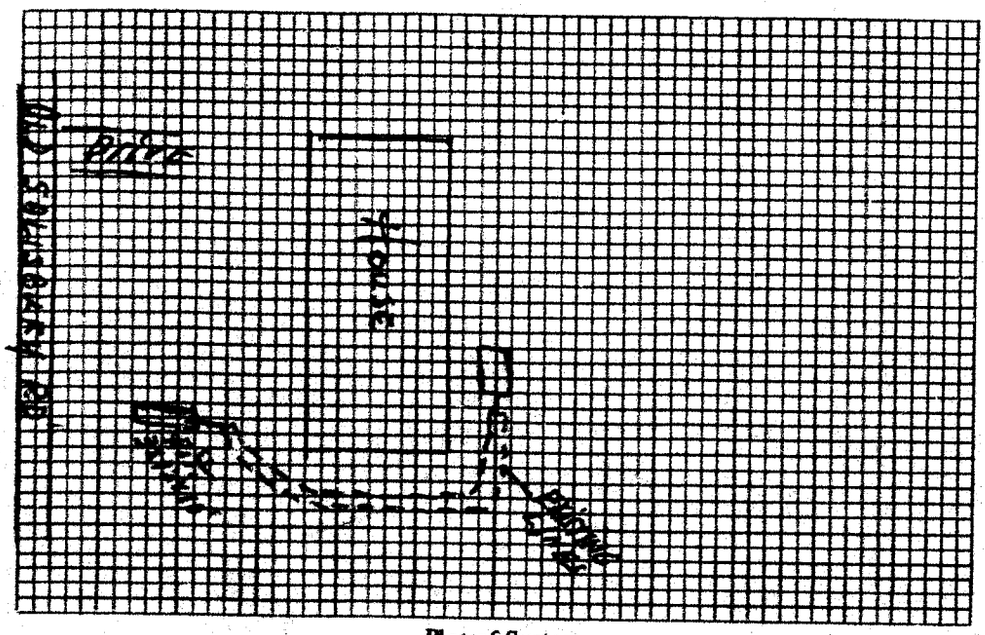
House (✓) Mobile Home ( ) Business ( ) Other _____

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 _____
Topography Repair
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 500 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines 24" x 12" x 100'
Water Supply: Individual ( )
Public ( )

Installed by Henry Sizemore

IMPROVEMENTS PERMIT BY _____

COMMENTS: We have to install additional drainfield

CERTIFICATE OF COMPLETION BY Allen 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