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 Novella Stevenson DATE 11-29-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1905 Bay St.

SUBDIVISION NAME _____ S. R. No. _____

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 _____

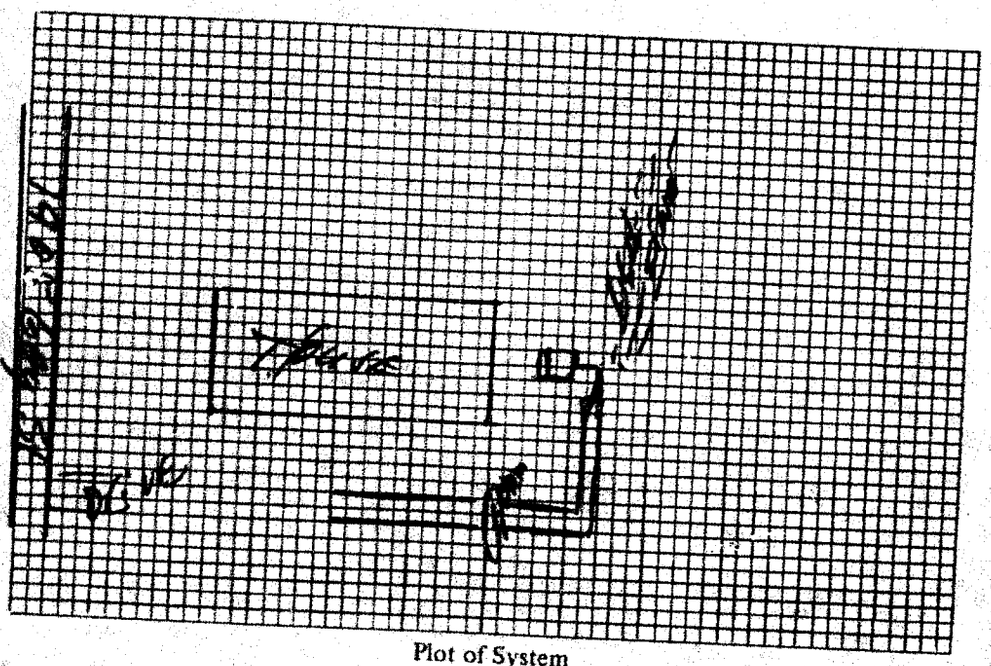
Character & Porosity of Soil _____

Percolation Rate _____

Topography Existing

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 360 Linear Ft. 120

Depth of Stone in Lines 16"

Water Supply: Individual ( )

Public (✓)

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn T. Hall DATE 11/29/77

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