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 Maggie Campbell DATE 2-26-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 243 Eastside Drive

S. R. No. _____

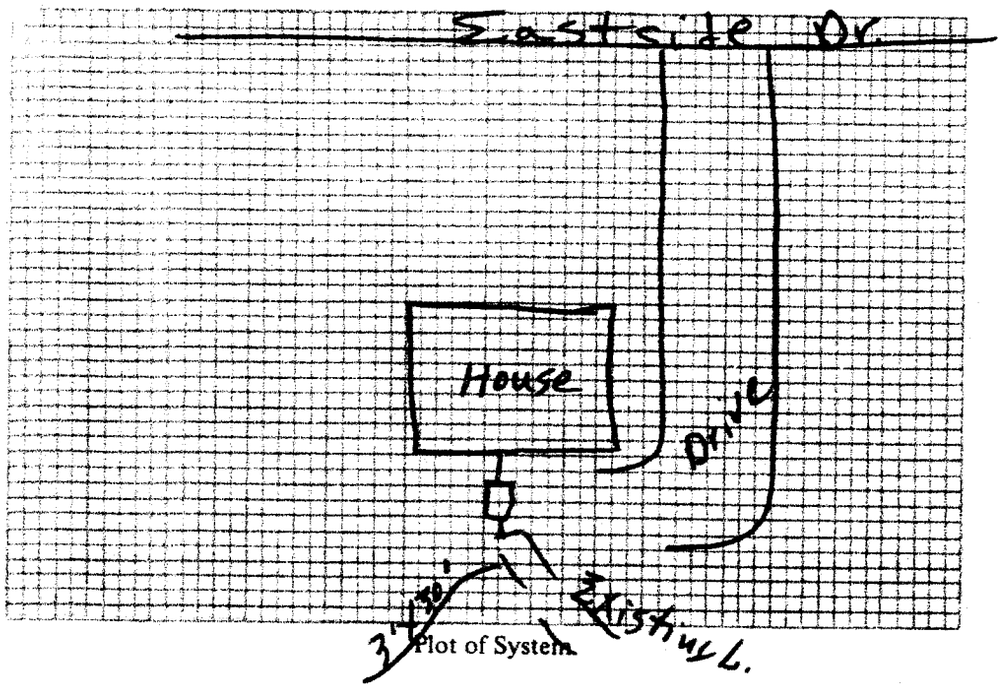
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	100 min/inch
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 6%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area _____



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 90 Linear Ft. 30
Depth of Stone in Lines 8"
Water Supply: Individual ( )
Public (✓)

Installed by Wes Litton

IMPROVEMENTS PERMIT BY E. C. Moore

COMMENTS: landscape so that water will not stand over tank or lines.

CERTIFICATE OF COMPLETION BY E. C. Moore DATE 2-26-80

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