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 Jerome A. Pennage DATE 6 June 25 PERMIT NO. _____

PHONE: Business _____ Home _____

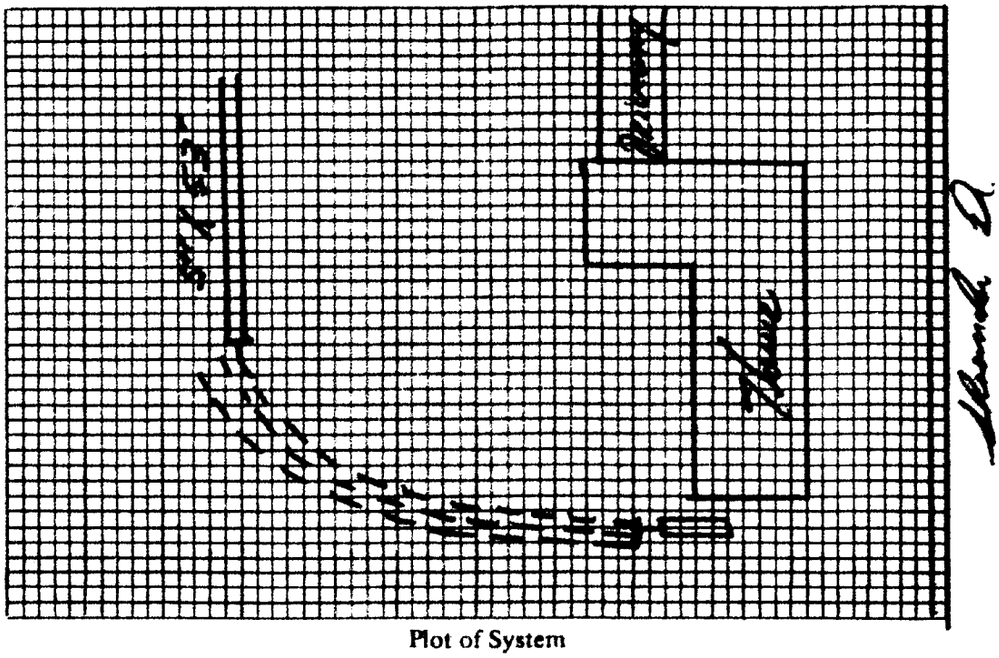
LOCATION Shoemake Dr. to 1st street on right. house on left after turning corner. S. R. No. _____

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 Clay - Light
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	none
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Slight Slope 2-6%
Site Suitable	Yes ( )	No ( )	Depth to Water Table	2'
Lot Area _____			Rock or other impervious formations	1'



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 100
Depth of Stone in Lines 18" plus
Water Supply: Individual ( )
Public (✓)

Installed by Ky Septy

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank was sucked - didn't need pumping at present time - good for 2-3 more years.
Downspout should be piped away from septic tank system.
2nd repair -

CERTIFICATE OF COMPLETION BY WM Howard DATE 6 June 25

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