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 Odell martin DATE 6-26-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N TR on Jane Sowers Rd 2171 Cross bridge over I-77 1st house on left. S. R. No. _____

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

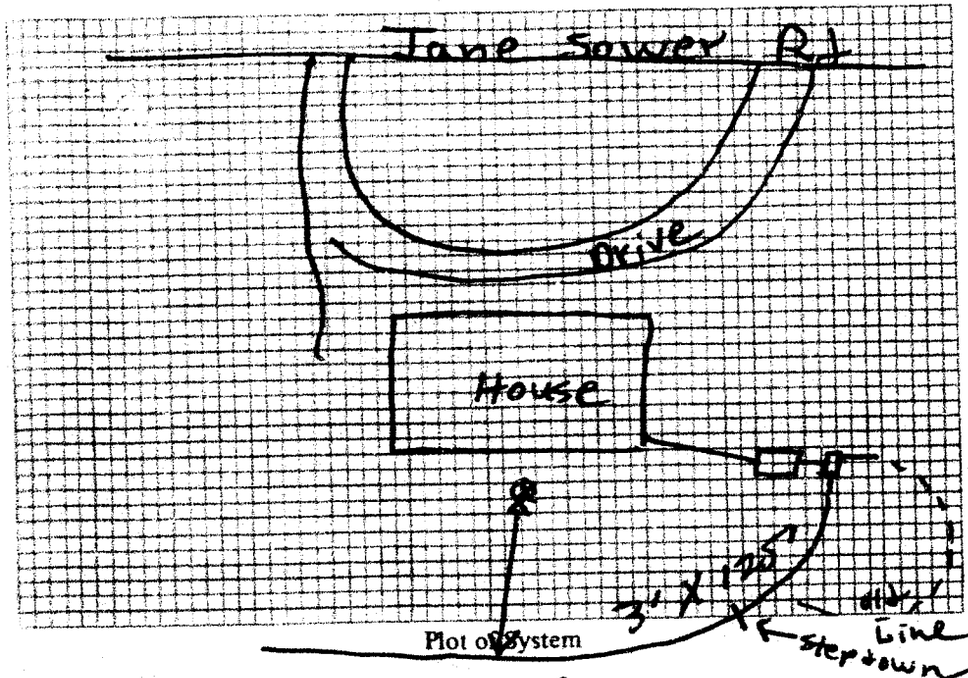
House (✓) Mobile Home ( ) Business ( ) Other _____

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



Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Wayne orbison

IMPROVEMENTS PERMIT BY J. C. Moore 6-25-79 replace/lay-out made 5-22-79

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. C. Moore DATE 6-26-79

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