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 H. Wayne Scott DATE 10 Sept 96 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jennings Rd. N. to Charles T. L. on Turnbridge Ch Rd. ± 1896. Go appx. .7 mile - house on R/H before crossing creek. S. R. No. _____

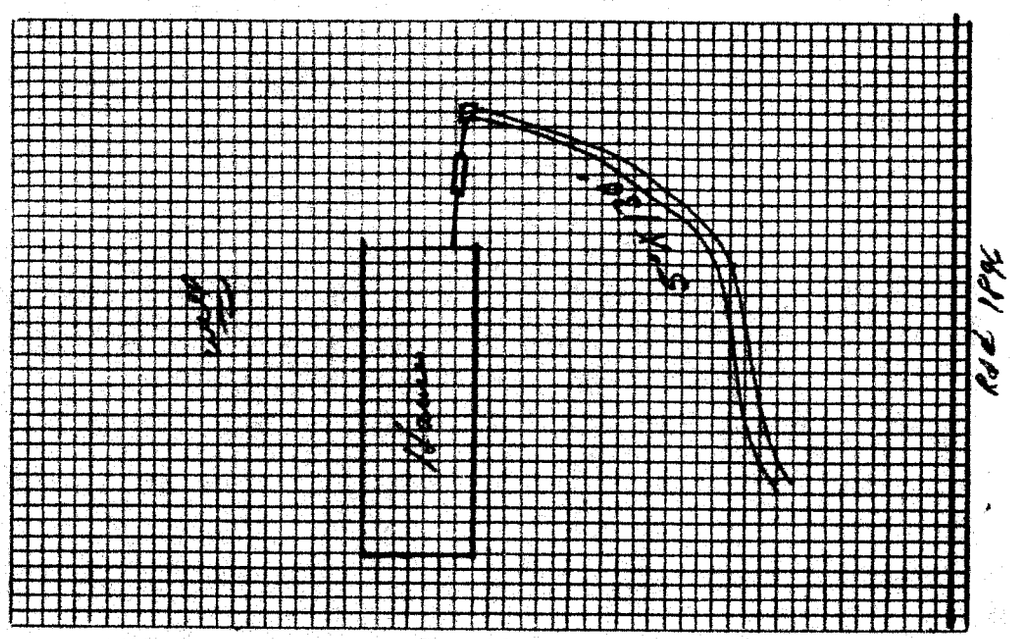
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil C/L	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	none	
Auto. Wash Machine	Yes (✓)	No ( )	Topography	2-6% slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	∞	
			Rock or other impervious formations	∞	

Lot Area acreage



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Henry Rupe

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 10 Sept 96

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