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 Ralph Griffith DATE 10-23-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shiloh Church Rd on R. Just Past Church and before you get to Amoco Ser Sta S. R. No. _____

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

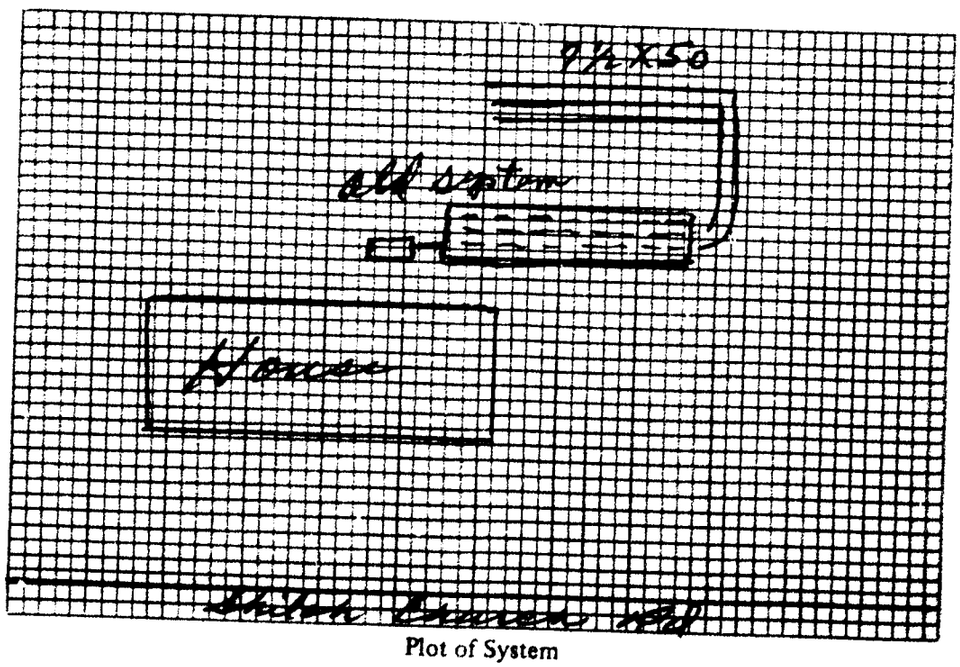
House (✓) Mobile Home ( ) Business ( ) Other _____

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



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 375 Linear Ft. 150
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Eddie Gourley

IMPROVEMENTS PERMIT BY _____

COMMENTS Surface water from downspouts needs to be diverted away from lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10-23-73

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