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 Jamie Smith DATE 10-2-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Suburban Acres Rd. 2351

_____ S. R. No. _____

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

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

No. Bedrooms _____ No. Baths _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash. Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Lot Area _____

Repair

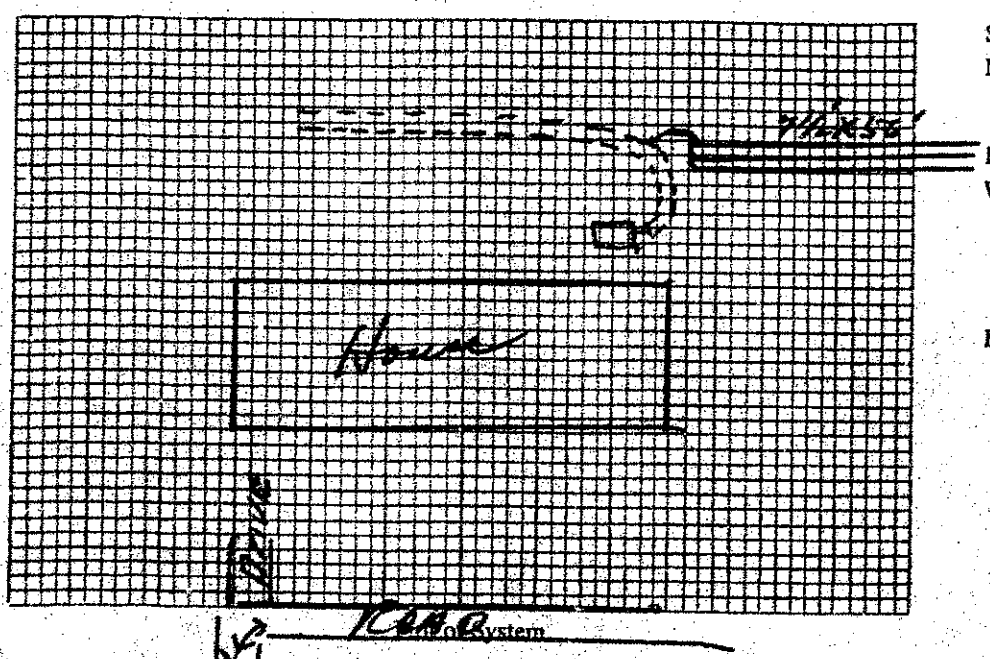
Character & Porosity of Soil _____

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 420 Linear Ft. 168

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Eddie Yount & Son

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd Jr. DATE 10/7/75

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