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 Bert Lackey DATE 9-20-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1919 Gay Street

S. R. No. _____

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

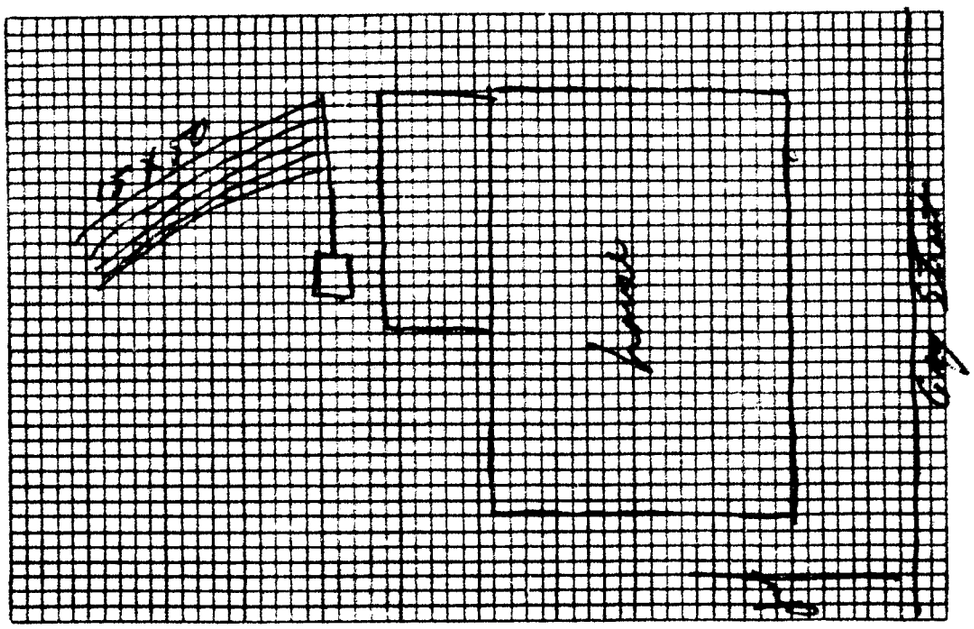
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area 50 X 150

Character & Porosity of Soil Red Clay
Percolation Rate none
Topography slope to front
Depth to Water Table unk
Rock or other impervious formations rock



Plot of System

Size of Tank 1,000 Gals.
Nitrification Field:
No. of Lines 5
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Herbie Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing house - bedroom to be added

CERTIFICATE OF COMPLETION BY Andrew E. Carey DATE 9-20-74

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