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 Leonard Turner DATE 4-2-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1939 Gray St.

_____ S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

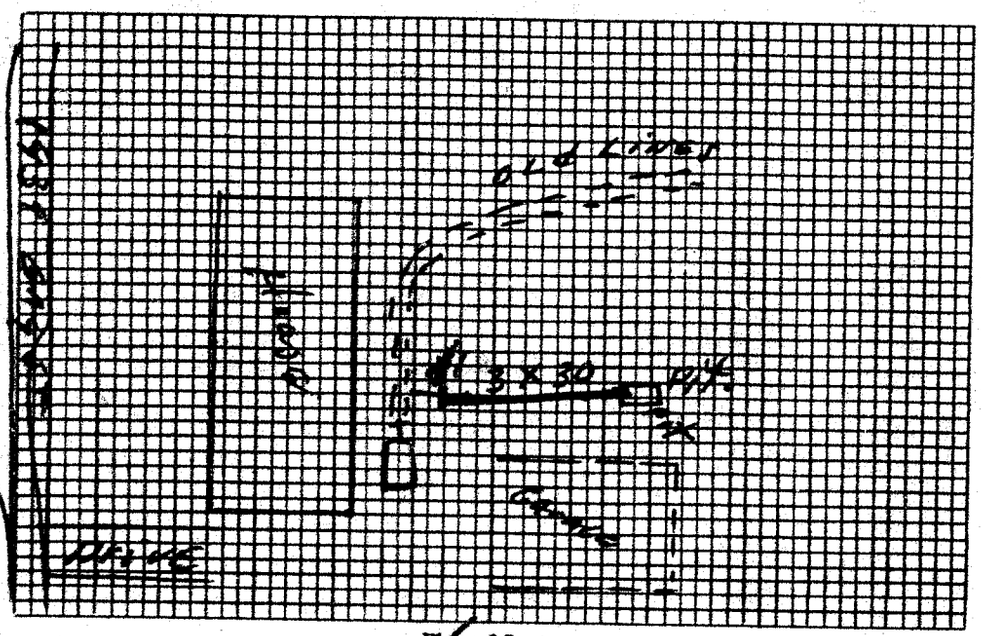
Character & Porosity of Soil _____

Percolation Rate _____ Repair

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines (4) 1

Sq. Ft. 90 + 4 Linear Ft. 30

Depth of Stone in Lines 18"

Water Supply: Individual ( )
Public (✓)

Installed by _____

IMPROVEMENTS PERMIT BY Glenn Todd

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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