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 Gary Dyson Marlowe House DATE 4/26/74 PERMIT NO. _____

PHONE: Business _____ Home _____ 1925 Cunningham Dr

LOCATION Cunningham Dr Green Acres off E. Broad

S. R. No. _____

SUBDIVISION NAME Green Acres 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 _____

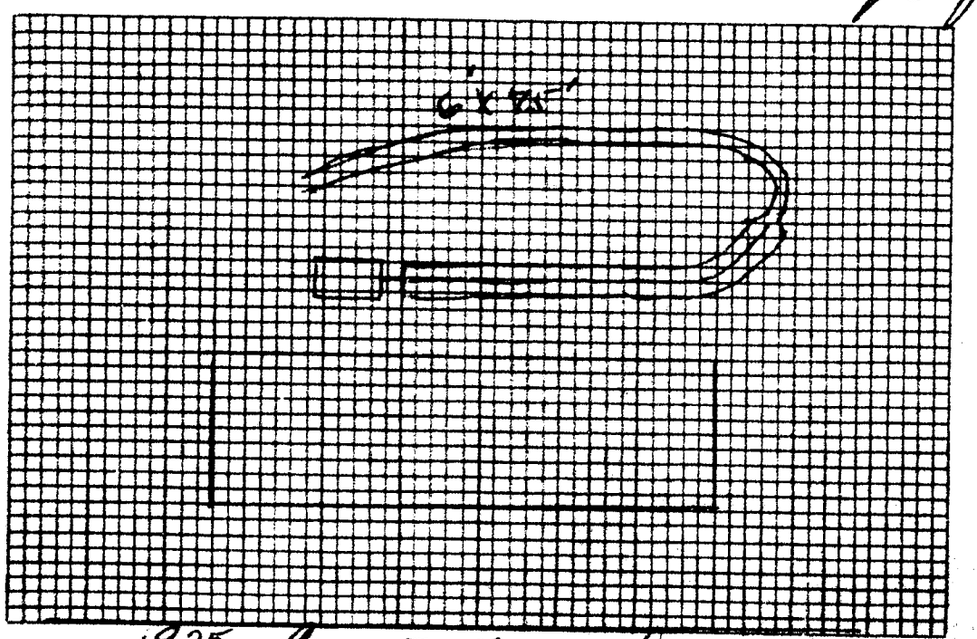
Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Repair

old System +



1925 Cunningham Dr Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 150 Linear Ft. 150

Depth of Stone in Lines 14"

Water Supply: Individual ( )

Public (✓)

Installed by R.E. Foy + Robt Hoke

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 4/26/74

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