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 Harold Green DATE 4-8-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2005 Joe Reed

S. R. No. _____

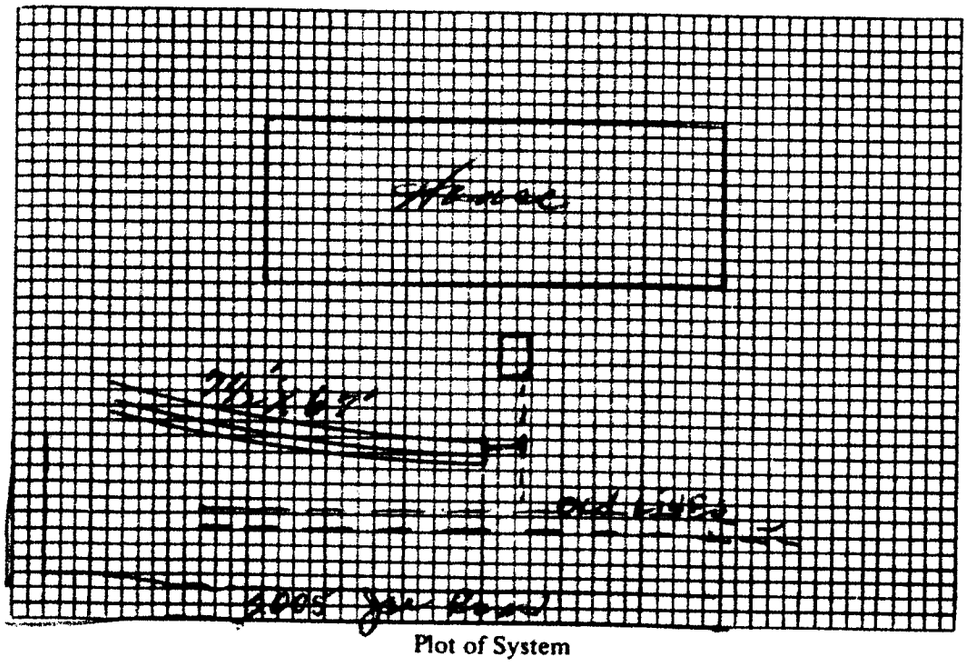
SUBDIVISION NAME Lon Jay LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Repair	Yes ( )	No ( )	Character & Porosity of Soil _____
Auto. Dishwasher		Yes ( )	No ( )	Percolation Rate _____
Auto. Wash. Machine		Yes ( )	No ( )	Topography Repair
Site Suitable		Yes ( )	No ( )	Depth to Water Table _____
				Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 303 Linear Ft. 200
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Robert Mercer

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox Dy DATE 4/8/75

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