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 Carolyn Webster DATE May 20, 1977 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2024 Joe Read

S. R. No. _____

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

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

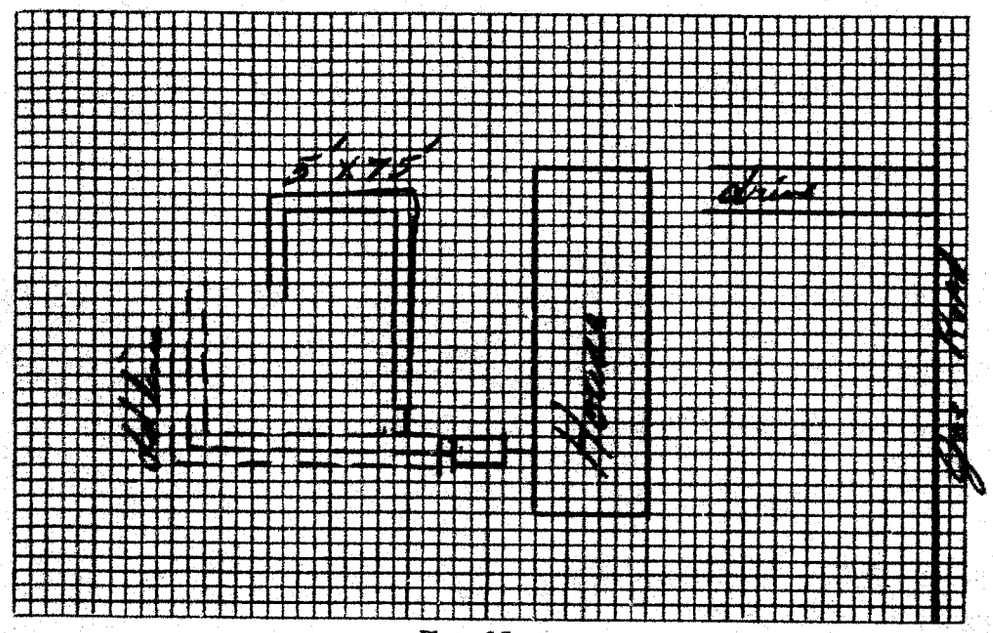
No. Bedrooms _____ No. Bathrooms 1

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

Repair

Character & Porosity of Soil _____
Percolation Rate Existing
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 375 Linear Ft. 150
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Donald Loakey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 5/30/77

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