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 R. A. Reid DATE 11-21-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2106 Joe R

S. R. No. _____

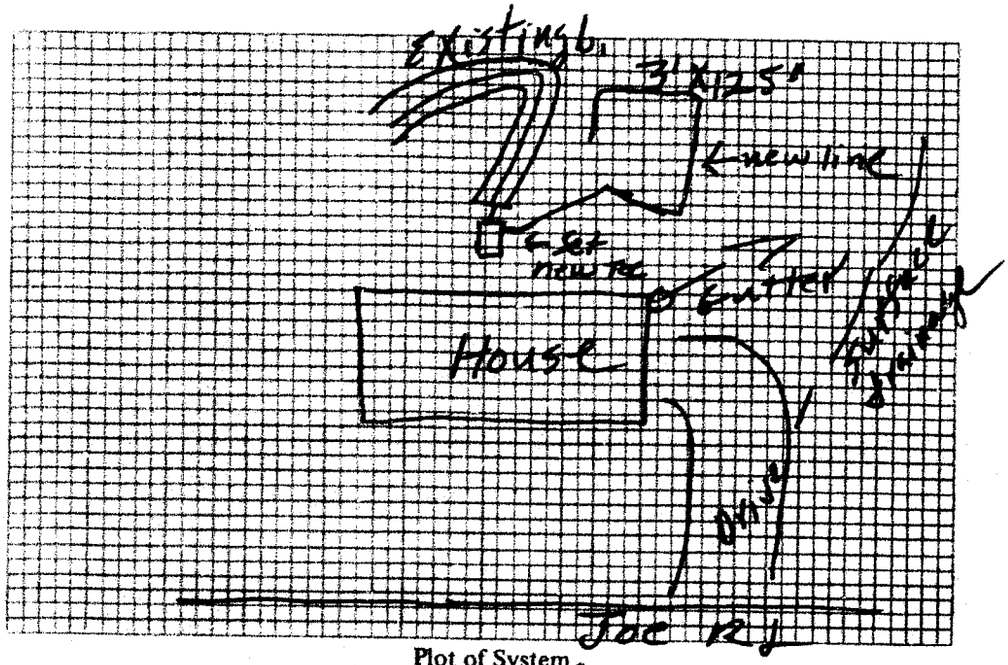
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Cecil Clay
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	120 min / inch
Auto. Wash. Machine	Yes ( )	No ( )	Topography	2 to 4 %
Site Suitable	Yes ( )	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	none

Lot Area _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 375 Linear Ft. 125
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Eddie Yountz + Son

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: landscape + pipe gutters so surface water will not run into area of system.

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 11-21-79

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