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 Edger Cranfill DATE 8-18-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION E Broad St. TL on Highview Circle before 4th creek S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Cecil clay

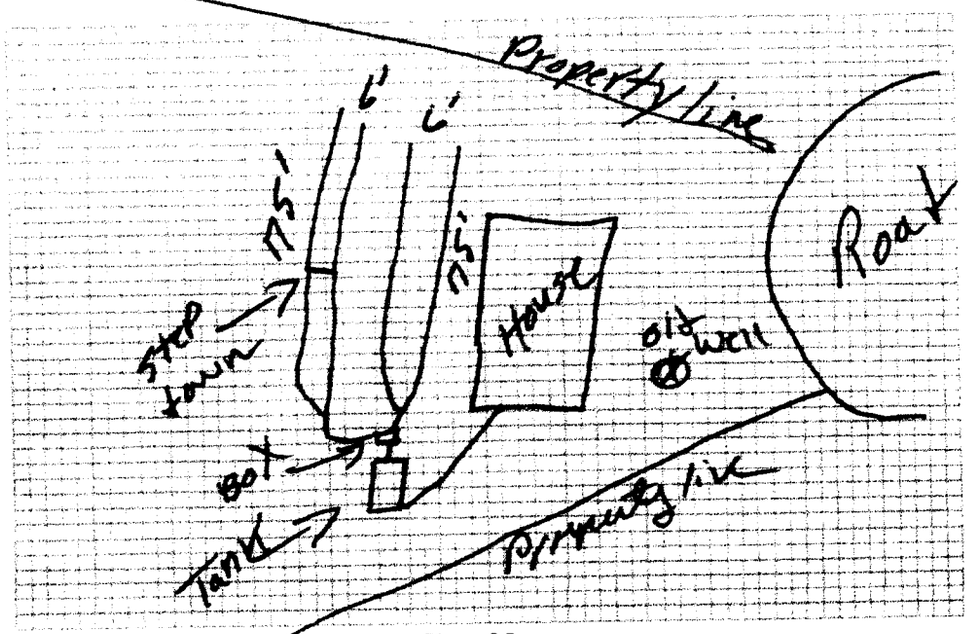
Percolation Rate mod

Topography 10-90 slope

Depth to Water Table 10'+

Rock or other impervious formations none

Lot Area appx acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 16

Water Supply: Individual ( )

Public (✓)

Installed by Don Lackey

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: Fill old well with clean dirt or concrete.

CERTIFICATE OF COMPLETION BY R. C. Moore DATE 8-18-78

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