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 Robert Smith DATE 6-26-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1103 King St. S. R. No. _____

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

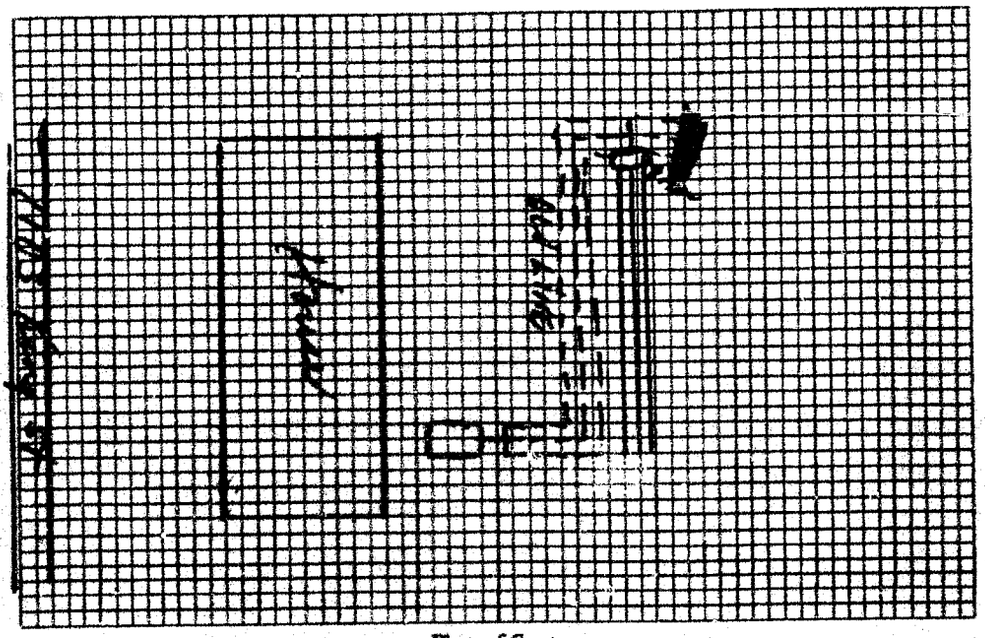
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 337 Linear Ft. 135
Depth of Stone in Lines 20"
Water Supply: Individual ( )
Public (✓)

Installed by Lawrence Lemm
Ron Lemm

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic Tank area should not be planted—

CERTIFICATE OF COMPLETION BY Glenn Fox Jr. DATE 6/26/75

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