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 Mrs. Franklin White DATE 6-18-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1101 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	Yes		No	( )	Repair
Auto. Dishwasher	Yes	( )	No	( )	
Auto. Wash. Machine	Yes	( )	No	( )	
Site Suitable	Yes	( )	No	( )	

Lot Area _____

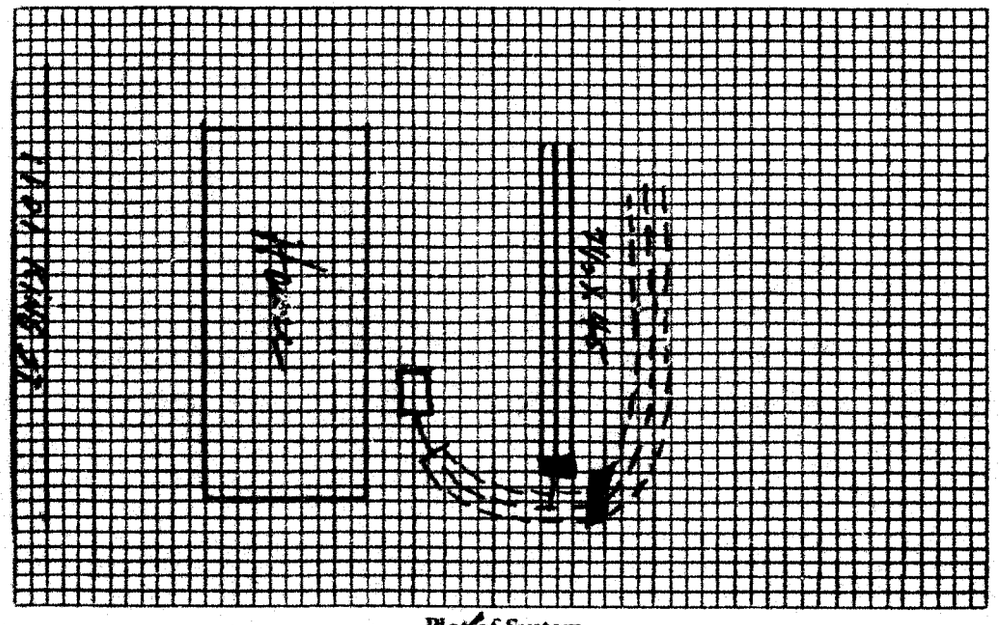
Character & Porosity of Soil _____

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. 357 Linear Ft. 135

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by Lackey Bros.

IMPROVEMENTS PERMIT BY Glenn Tate Jr.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Tate Jr. DATE 6/24/75

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