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 Larry E. Vincent DATE 12-11-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 206 Hollingsworth Rd.

S. R. No. _____

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

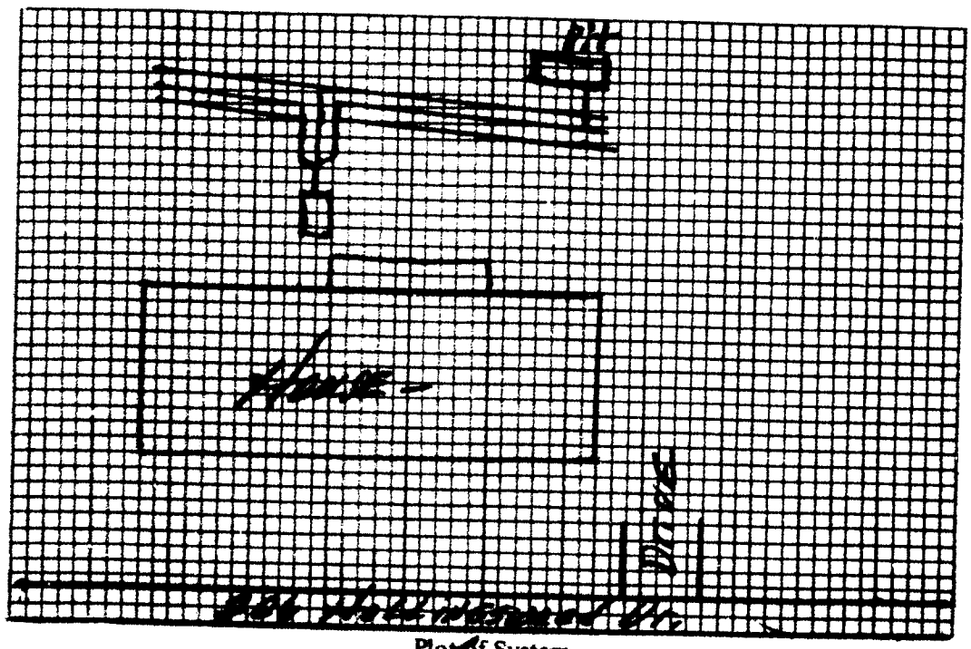
House (✓) Mobile Home ( ) Business ( ) Other _____

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 _____
Topography _____ Repair
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bros

IMPROVEMENTS PERMIT BY Glenn Todd Jr.

COMMENTS: Septic tank system leaked. Stubbed out too deep so system is deep. Pumped tank and added 3X10X12 Pit, because of limited space.

CERTIFICATE OF COMPLETION BY Glenn Todd Jr. DATE 12/11/74

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