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 Iredell County Sanitary Landfill DATE 22 Oct 74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1st st. to left past Lynnd Well Mill.

S. R. No. _____

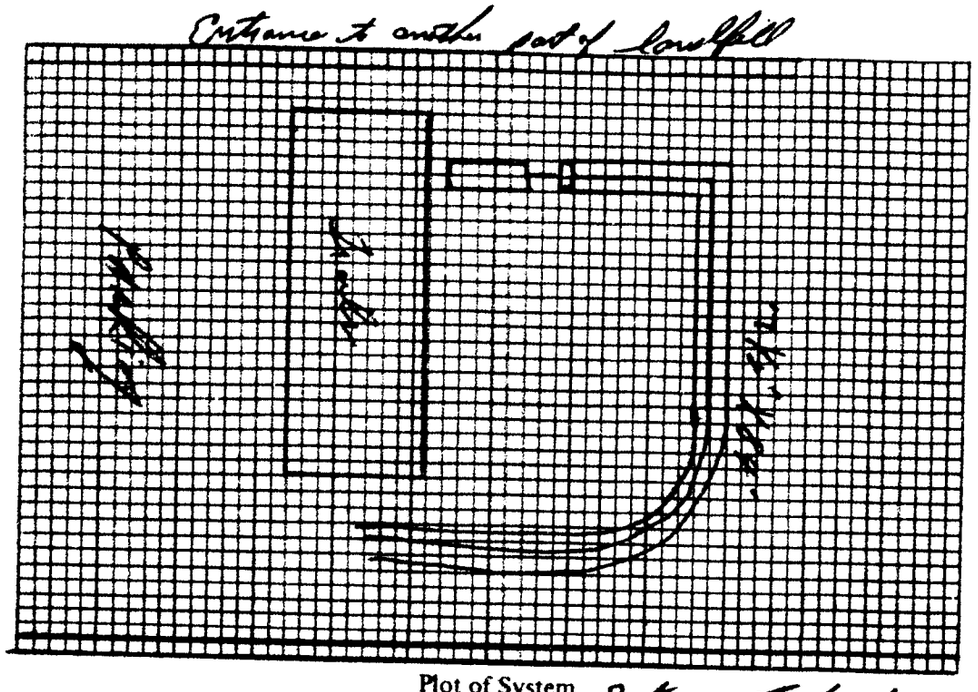
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other Office for Landfill Sanitarian

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Cecil Clay Loam
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	none
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Light Slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	ok
			Rock or other impervious formations	ok

Lot Area _____



Plot of System Entrance to Landfill

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 7
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Robert Hale

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [illegible] DATE 22 Oct 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