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 Eulla Belle Mayfield DATE 12/20/79 PERMIT NO. _____

PHONE: Business _____ Home _____

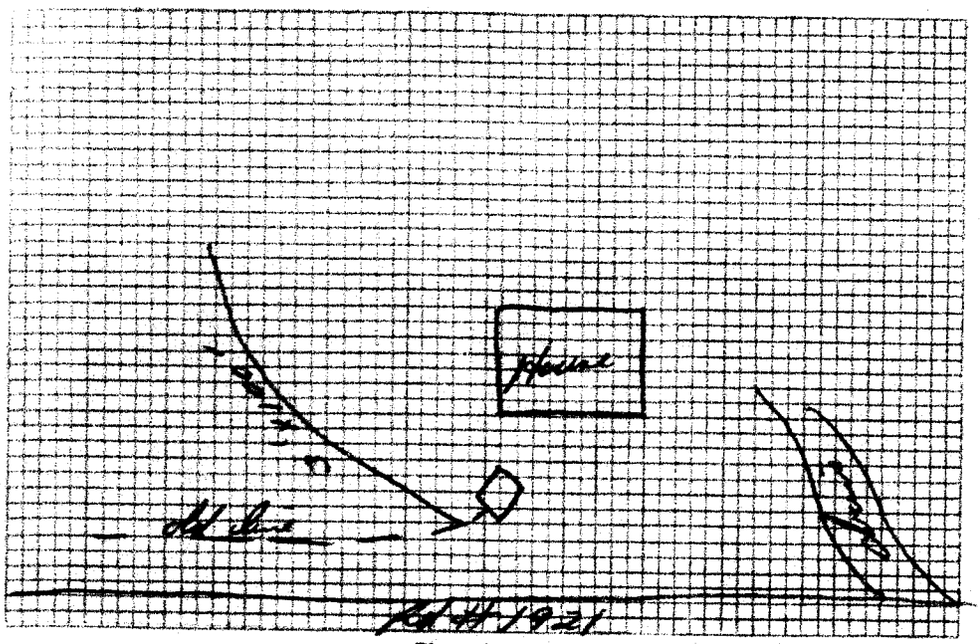
LOCATION U.S. 21 N., T.L. on 1921 at Ebenezer Academy, 3rd house on Rt _____ S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

Character & Porosity of Soil Red Clay
Percolation Rate 60 min / inch
Topography 2-6%
Depth to Water Table 10+
Rock or other impervious formations none



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by D. Lackey

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: nearby maple tree and may need to be cut down – roots growing into tank.

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 12/20/79

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