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 Marshall Green DATE 2-10-78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N to Rd # 2171 – to Baymount Meadows

_____ S. R. No. _____

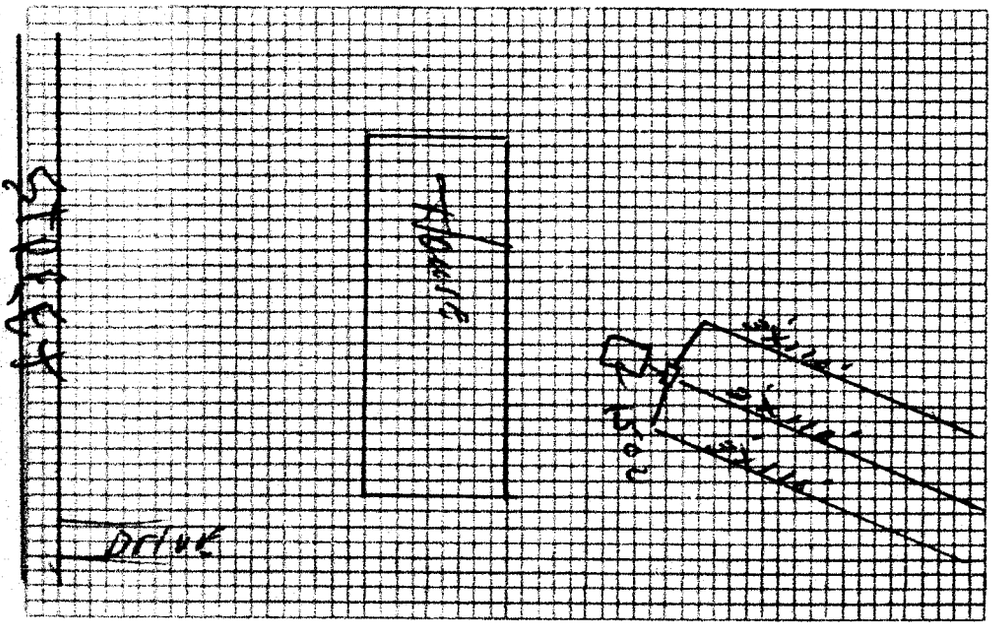
SUBDIVISION NAME Baymount Meadows LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 3

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	C-SG's	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	2 mpi	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2-6% Slope	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Open	
			Rock or other impervious formations	none	

Lot Area _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 990 Linear Ft. 330
Depth of Stone in Lines 10"
Water Supply: Individual (•)
Public ( )

Installed by Darrell Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic Tank System installed before Lot was graded. Tank Lid to be raised to have 6" face to Dist. box

CERTIFICATE OF COMPLETION BY _____ DATE 2/10/78

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