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 Fred Allison DATE 3-29-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 70 E - TR on Rd #2359 - 1st Farm Lane Rt.

S. R. No. 2359

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

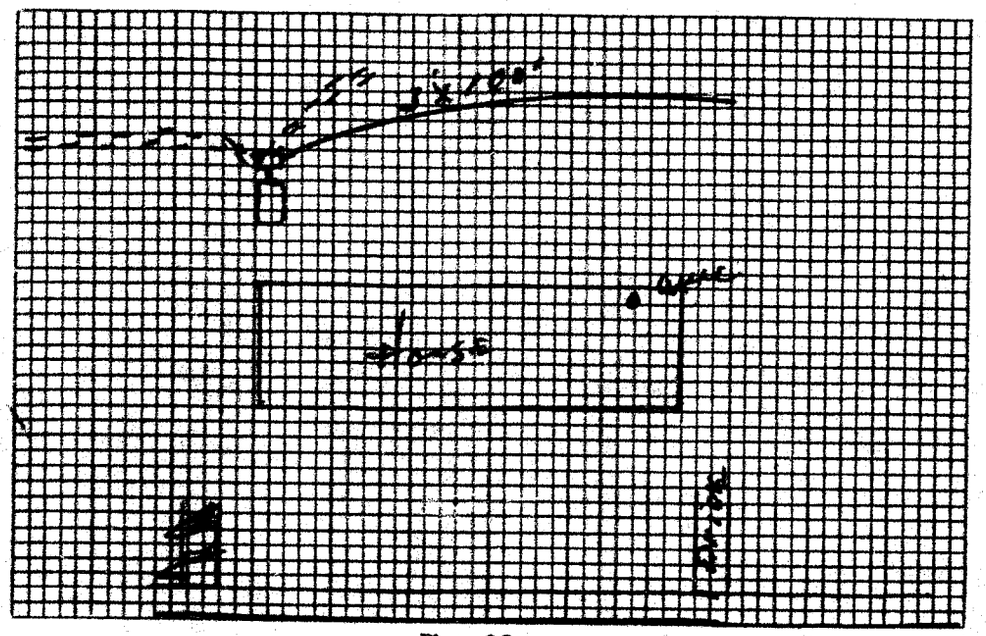
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	_____
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	_____
Auto. Wash. Machine	Yes ( )	No ( )	Topography	_____
Site Suitable	Yes ( )	No ( )	Depth to Water Table	_____
			Rock or other impervious formations	_____

Lot Area _____

Repair Repair



Plot of System

Size of Tank 4 Existing Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 300 Linear Ft. 100
Depth of Stone in Lines 14"

Water Supply: Individual (✓)
Public ( )

Installed by Henry Sagmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE _____

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