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 Robert Lee White DATE 10 April 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21W to Dunn Dot Rd (SR 2141) on Right 1/2 to 1st Driveway on Right Down Dirt Off road 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	( )
Auto. Dishwasher	Yes	( )	No	( )
Auto. Wash. Machine	Yes	( )	No	( )
Site Suitable	Yes	( )	No	( )

Lot Area _____

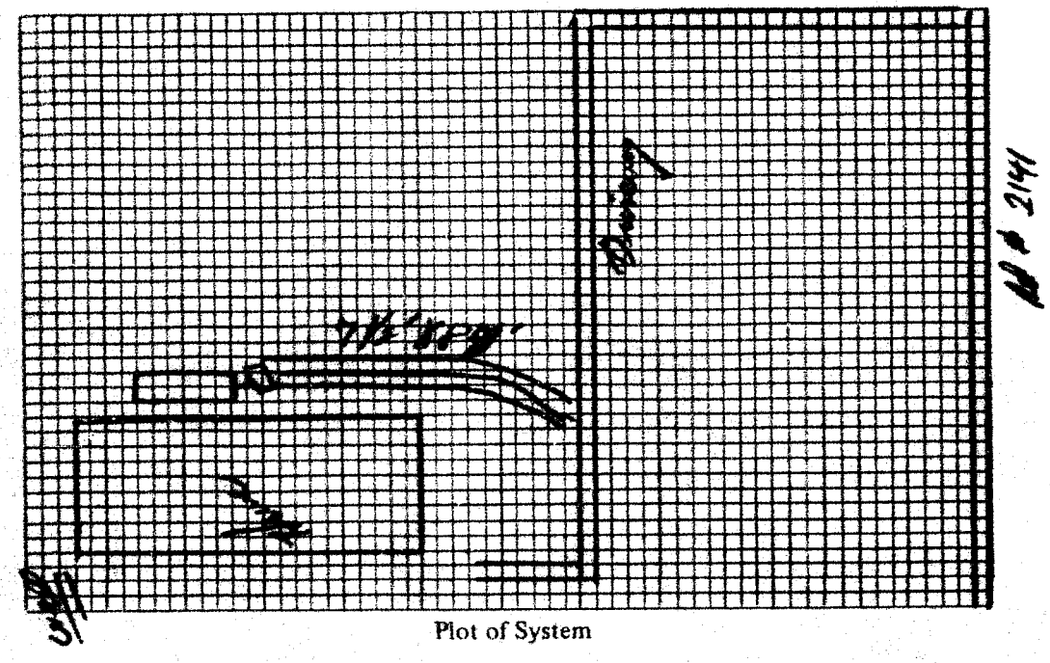
Character & Porosity of Soil Red Clay

Percolation Rate none

Topography Level

Depth to Water Table nil

Rock or other impervious formations nil



Plot of System

Size of Tank Repair Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10" plus

Water Supply: Individual (✓)

Public ( )

Installed by Tommie Lesser

IMPROVEMENTS PERMIT BY _____

COMMENTS: House needs gutter to lay water off septic bed. Tank was pumped and repaired Line is good size

CERTIFICATE OF COMPLETION BY Will Edwards 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