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 Neal Gregory DATE May 25 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mocksville Rd to Rd 1930 - Amelia Lake Rd. on left. 3rd house on right S. R. No. _____

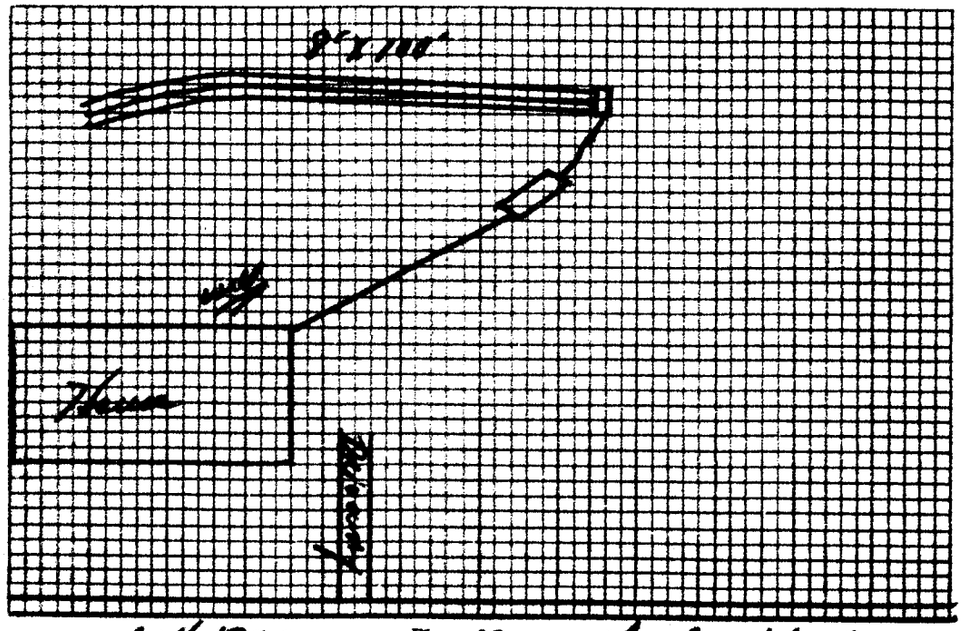
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 5 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Light Sandy Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	fair
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Lay of the land
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	ok
			Rock or other impervious formations	ok

Lot Area 10 acres



Rd 1930 Plot of System Amelia Lake Rd

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 200
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Raymond Adams

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY WM Edwards DATE May 31

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