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 James H. Adkins DATE 10-4-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 E. TL on Rd 2155 + R int. new driveway
first Rd # 2182 - Go about ¼ mile pass pond Rd S. R. No. _____

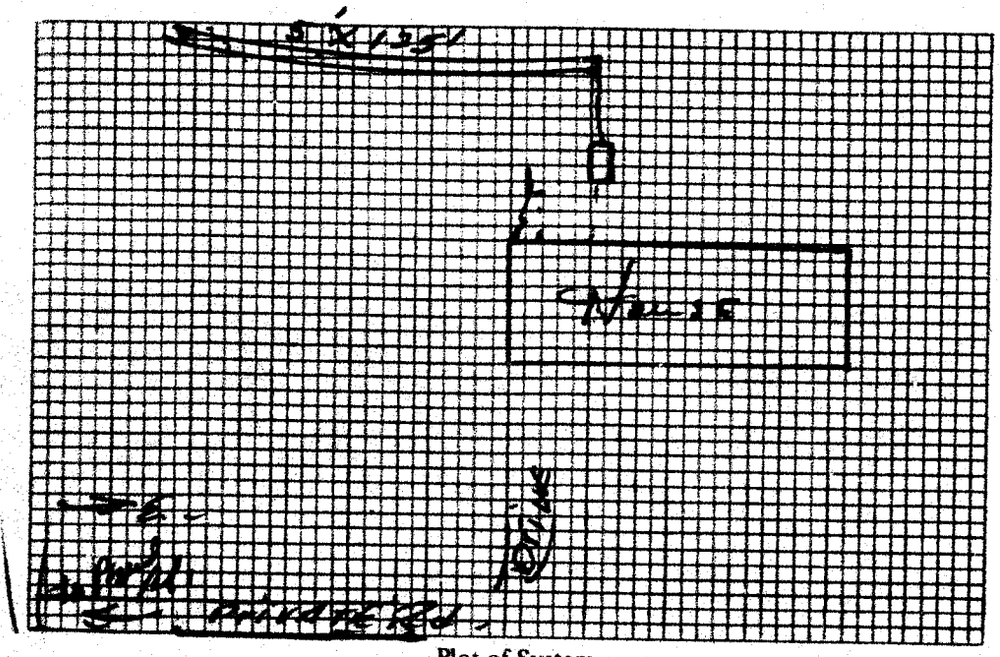
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	CrB
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	- Mod
Auto. Wash. Machine	Yes ( )	No ( )	Topography	6 to 10% slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	more
			Rock or other impervious formations	none

Lot Area _____



Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd DATE 10/4/77

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