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 Lewis Anderson DATE 9/16/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64E, T.L. on Rt# 2165 & 5th Creek Presbyterian Ch., go 1/10 mile, M.H. on Rt _____ S. R. No. _____

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

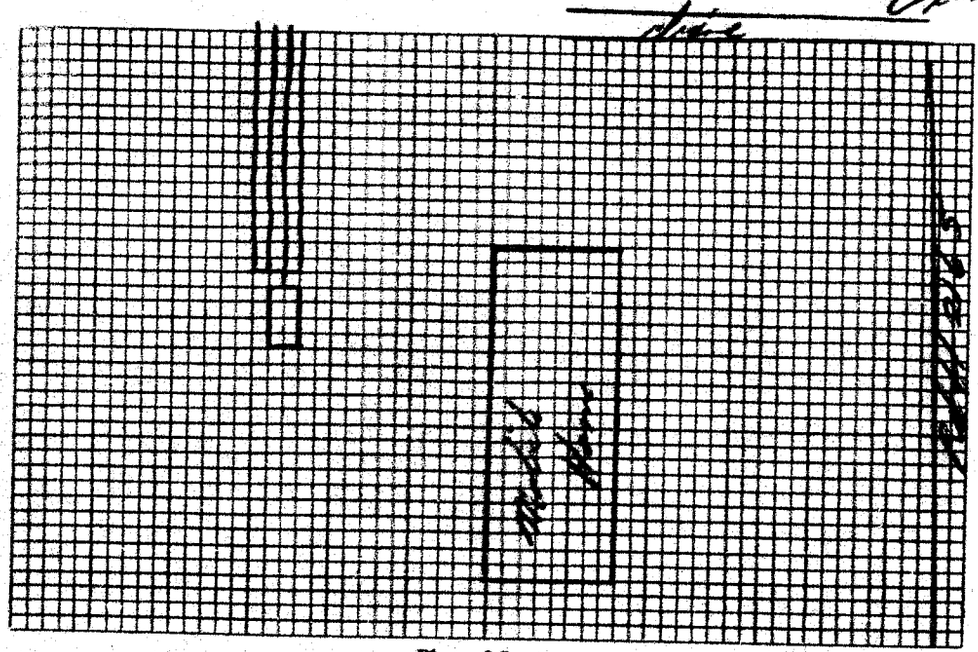
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Lot Area _____

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. 225
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by Lackey Bros

IMPROVEMENTS PERMIT BY _____

COMMENTS: Original inspection by Cress Hallow 6/29/71
System not surfacing at time of inspection

CERTIFICATE OF COMPLETION BY Andrew L. Cress DATE 9/16/77

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