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 Viola Gaither DATE 10-6-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 6.4 E on left before cool springs methodist ch. S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Repair

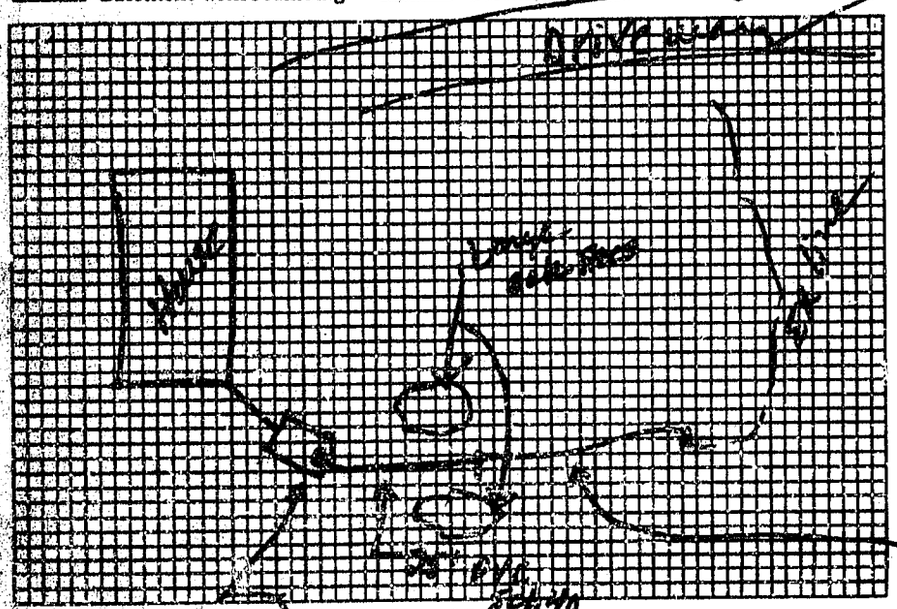
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Percolation Rate	24
Auto. Dishwasher	Yes ( )	No ( )	Topography	gentle to Fo
Auto. Wash. Machine	Yes ( )	No ( )	Depth to Water Table	10'+
Site Suitable	Yes ( )	No ( )	Rock or other impervious formations	None

Character & Porosity of Soil Clayey

Lot Area _____

_____ Basement with Plumbing _____ Basement without ~~Plumbing~~ _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. 210 Linear Ft. 70
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by Donald Lackey

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 10-6-87

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold