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 J.W. Page (Farm) DATE 3-4-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 64 C to Cool Springs TR on Rd 2300 - Home place at end of Rd. S. R. No. 2300

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

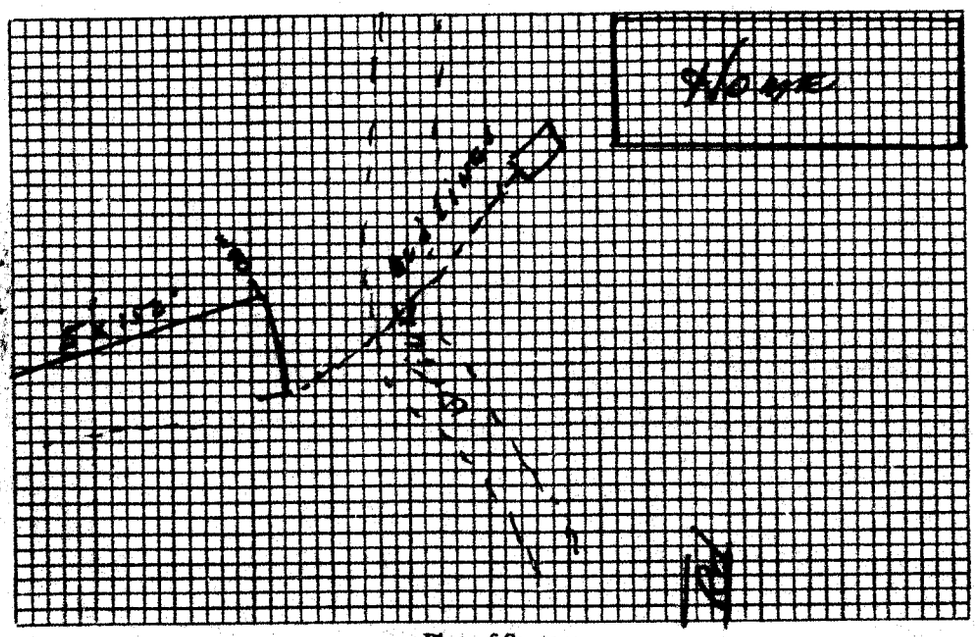
Character & Porosity of Soil Repair

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 1

Sq. Ft. 450 Linear Ft. 150

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Lackey Bros.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Hall DATE 3/4/76

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