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 Burley Myers DATE 8-17-76 PERMIT NO. _____

PHONE: Business _____ Home _____

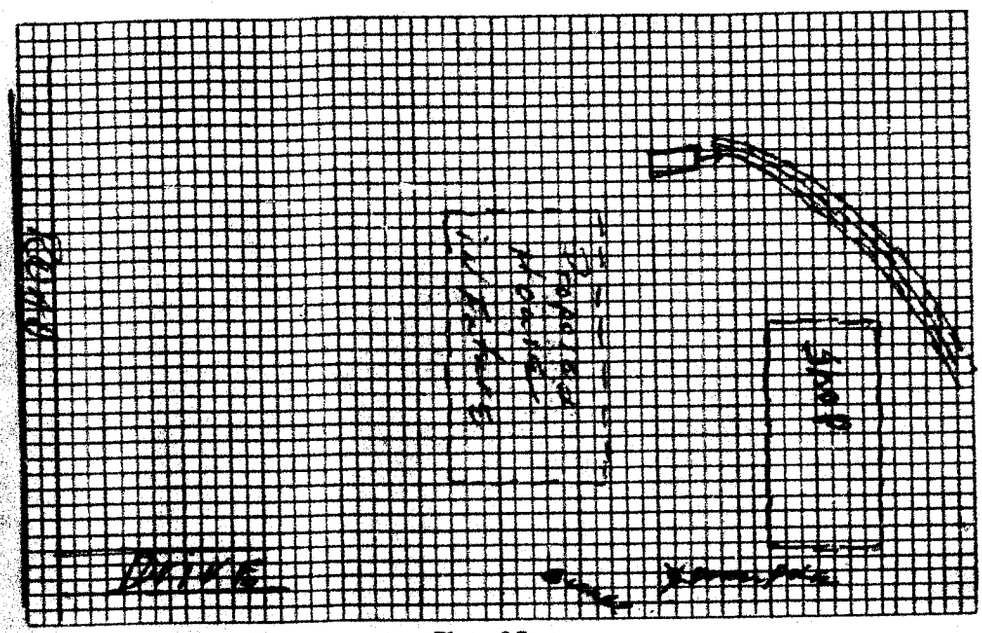
LOCATION W of E Tn Rd on and Spring School on Rd #2163 in TR on unpaved Rd #2159 before I-40 Go ½ mile on left S. R. No. 2199

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

House ( ) Mobile Home ( ) Business ( ) Other Shop - Private

No. Bedrooms _____ No. Bathrooms _____
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 Satisfactory
Topography Sl.
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field Septic Tank
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines System
Water Supply: Individual ( ) 1 mile at present time
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing Septic Tank on Property for Dwelling etc

CERTIFICATE OF COMPLETION BY [signature] DATE 8/17/76

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