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 H. O. Crandall DATE 8-13-74 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION Love Valley
House across from Barn S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 11 SECTION OR BLOCK NO. _____

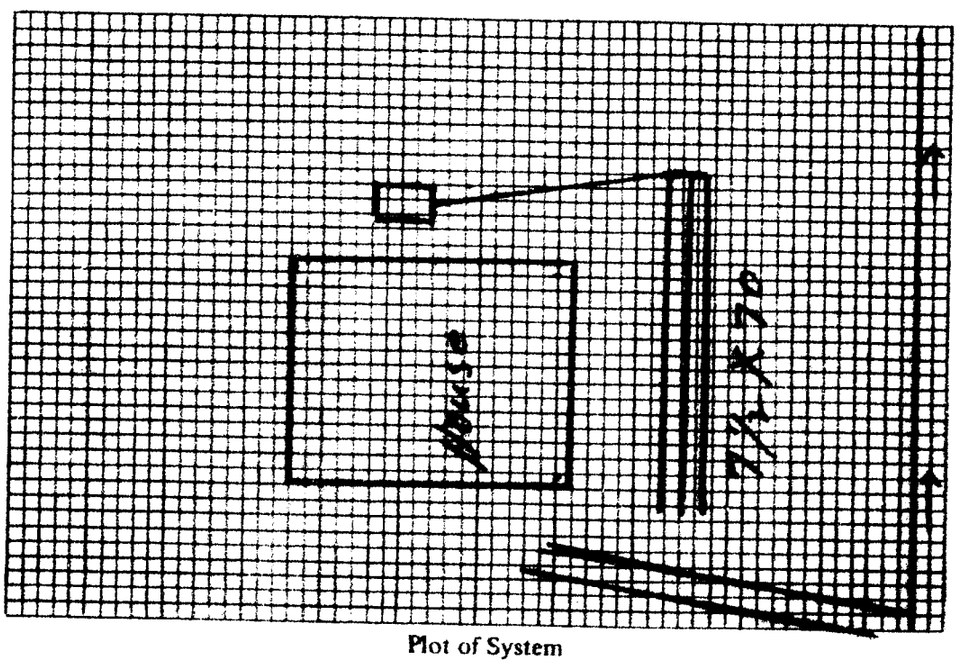
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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 Repair
Rock or other impervious formations _____



Plot of System

Size of Tank Home Made Old Tank Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 525 Linear Ft. 210
Depth of Stone in Lines 14"
Water Supply: Individual ( )
Public (x)

Installed by Harlee Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank Needs Some Cement along front
Septic Tank Contractor agreed to make this repair but
does not have this Cost included in original repair

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8-13-74

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