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 Mr. John Medlin DATE 16 May 91 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N. - 6 mi. on left past Hwy 901 - Driving on left house on top of mountain S. R. No. _____

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

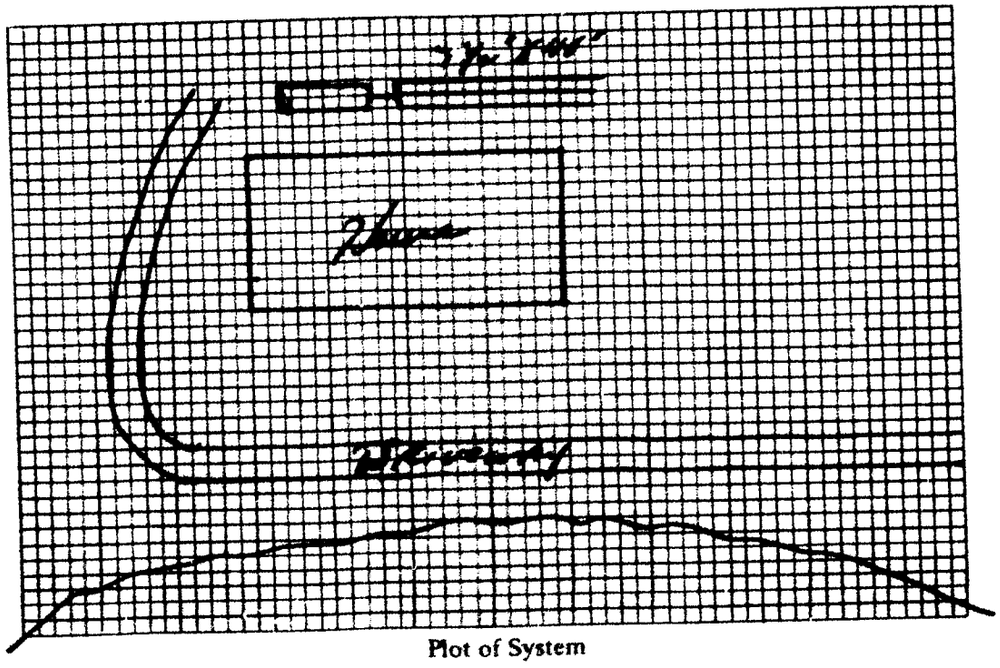
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Shallow Sy
Percolation Rate none
Topography Slope Terrace Ridge
Depth to Water Table ok
Rock or other impervious formations Bed rock



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 300 Linear Ft. 120
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )
spring

Installed by James Hartness

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing house. used as vacation cabin - 10 room per septic tank syst. - two lines and more stone - 200 feet was laid out. bit rock and had to stop at 120 feet.

CERTIFICATE OF COMPLETION BY WM Howard DATE 6 May 91

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