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 M.S. Redmond DATE 15 Jul 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N to 801 1865 on Rgt - cross from Longs Rest Ch. to appx 2nd Tank on Lft S. R. No. _____

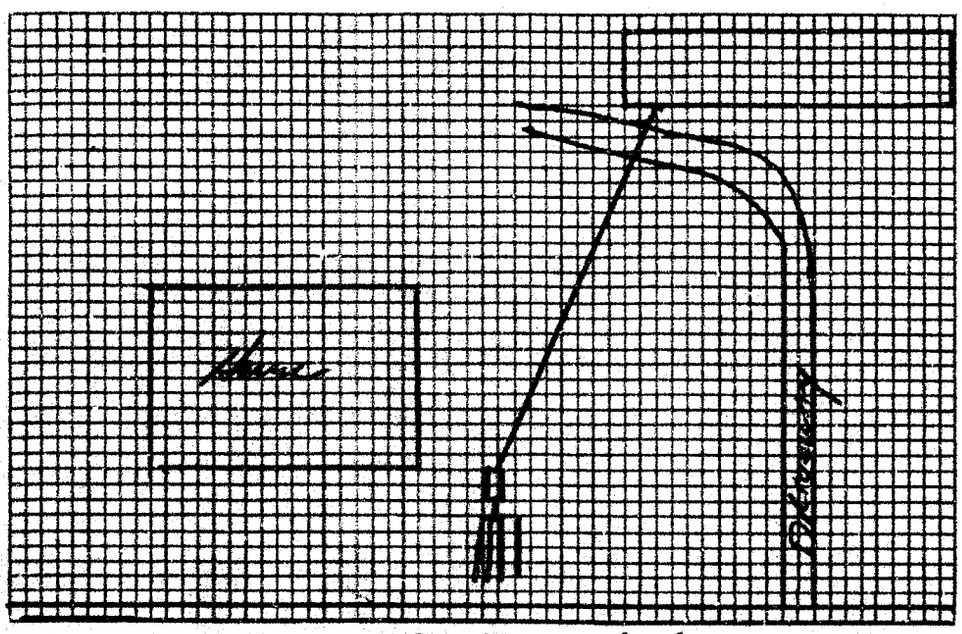
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil		
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	Excell	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography		
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		
			Rock or other impervious formations		

Lot Area average



Plot of System 801 1865

Size of Tank 1050 Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. 200
Depth of Stone in Lines _____

Water Supply: Individual (✓)
Public ( )

Installed by James Watson

IMPROVEMENTS PERMIT BY _____

COMMENTS: Excell Syste. Ver functional equip is ok. Iron Tank & the appx 200' - Cleanout should be installed every 50' - If syste gets trouble - I must be upon & notified of Health Dept

CERTIFICATE OF COMPLETION BY M.S. Redmond DATE _____

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