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 Lee Lowe DATE 11-9-79 PERMIT NO. _____

PHONE: Business _____ Home _____

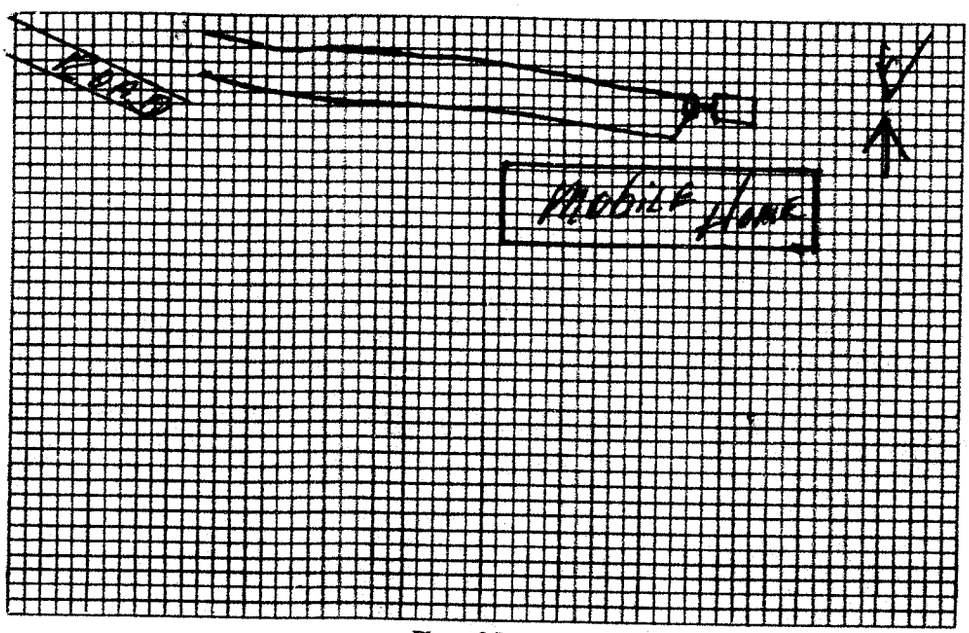
LOCATION 21 N – TL on SR 1892 (Jennings Rd) Go just North Crossover High Bridge Approx 2 mile – TL into private driveway before Al Mobile Home Park S. R. No. 1892

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. Sadie N. Lowe Property

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

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	coc3
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	6% to 10% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low
Lot Area Adequate			Rock or other impervious formations	None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 2,5 c
Depth of Stone in Lines 10"

Water Supply: Individual (✓)
Public ( )

Installed by Henry Deignan

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd Jr. DATE 11/9/79

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