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 Lex Sloan DATE 9-30-77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Jennings Rd N. T.R. on S.R. 1891 T.L on S.R. 1832 1st house on Rt. past S.R. 1848 S. R. No. _____

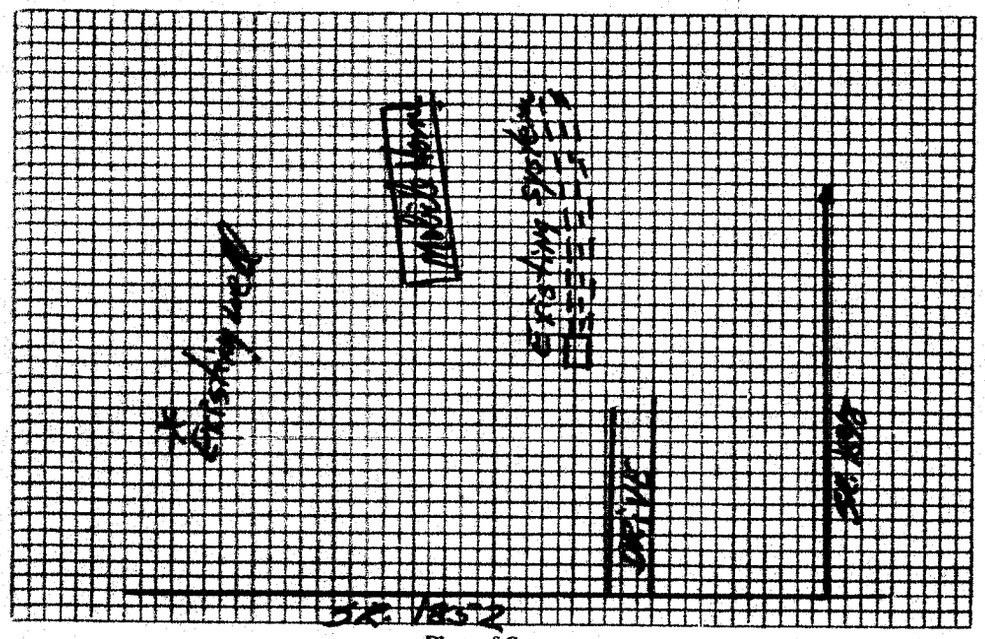
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 Cecil loam
Percolation Rate _____
Topography 4%
Depth to Water Table sunk
Rock or other impervious formations sunk.



Plot of System

Size of Tank existing Gals.
Nitrification Field:
No. of Lines existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Inspection of existing system revealed no malfunction at present time.

CERTIFICATE OF COMPLETION BY David B. Henson DATE 9-30-77

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