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 Norris W Allison DATE 21 Mar 75 PERMIT NO. _____

PHONE: Business _____ Home _____

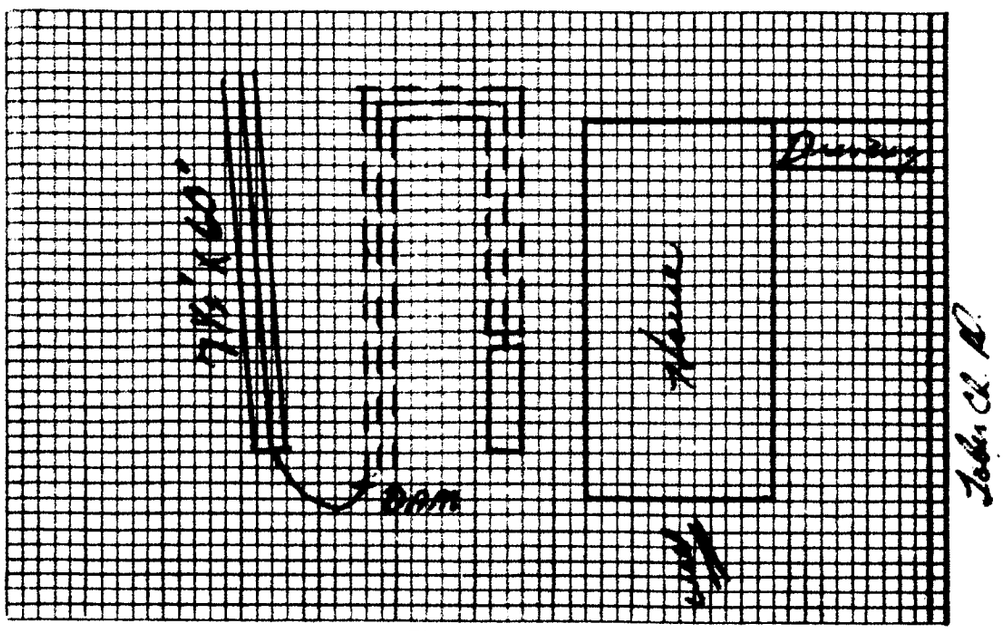
LOCATION Hwy 90 to Lobes Cl Rd. Go to RD # 1143 on right. 1st house across road on left. S. R. No. _____

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

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

No. Bedrooms 3 No. Bathrooms 1½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sandy Clay loam	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	fast	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to rear of house	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	ok	
Lot Area _____			Rock or other impervious formations	ok	



Plot of System

Size of Tank Regan Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 180
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by John Mercer

IMPROVEMENTS PERMIT BY _____

COMMENTS: Syst. installed approx 5 yrs ago. 1970.
Tank was pumped 2½" line was clean

CERTIFICATE OF COMPLETION BY Will Howard DATE 31 Mar 75

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