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 Leonard Smyre DATE 6-12-80 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 N TR on 901 E. TR on SR 1852 at Medlock Cross branch (No Bridge) 1st Lane on left S. R. No. _____

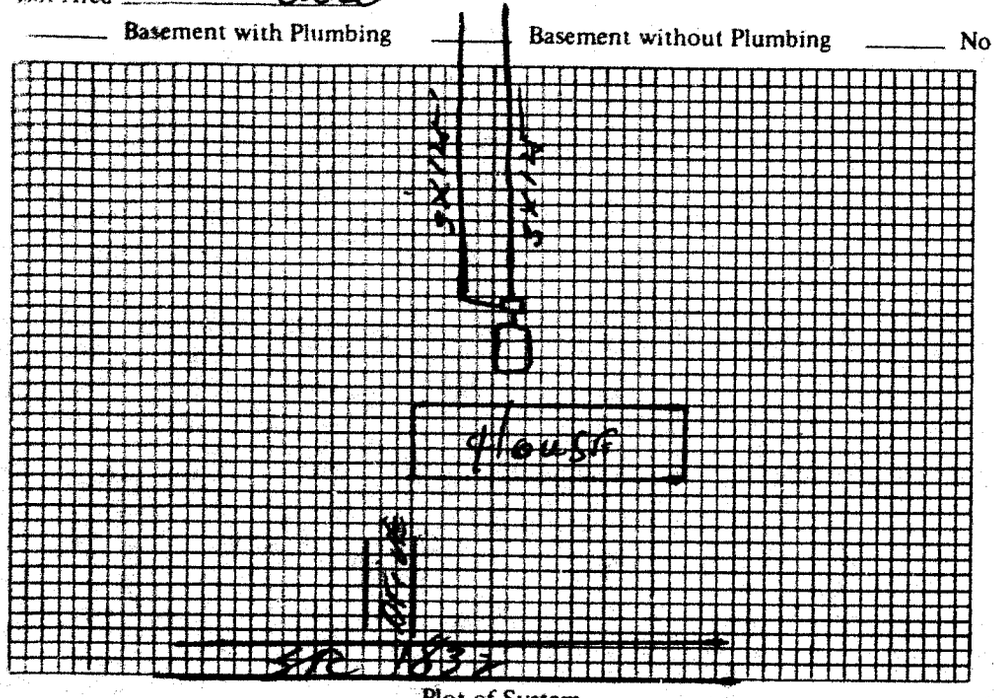
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms	3	No. Bathrooms	1		
Garbage Disposal Unit	Yes ( )	No	(✓)	Character & Porosity of Soil	Cecil Loam
Auto. Dishwasher	Yes ( )	No	(✓)	Percolation Rate	2
Auto. Wash. Machine	Yes (✓)	No	( )	Topography	6-10% slopes
Site Suitable	Yes (✓)	No	( )	Depth to Water Table	over
				Rock or other impervious formations	None

Lot Area 1 1/2 Acre

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 250 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Tommy Reavis

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Todd Jr. DATE 6/12/80

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold