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 Rufus Alexander DATE 6 May 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hommy - Home on Right just before pavement Last Home. white home

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Lot Area acreage

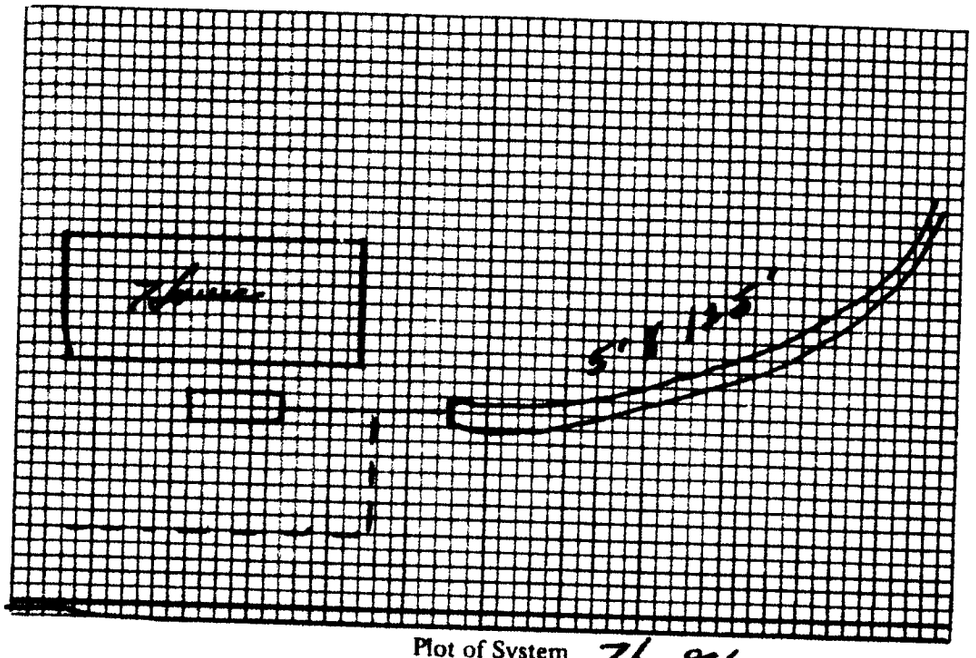
Character & Porosity of Soil Sandy Clay

Percolation Rate none

Topography Slope S right of house

Depth to Water Table nil

Rock or other impervious formations nil



Plot of System Thy 901

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public (✓)

Installed by Lemuel Carr

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank should be pumped

CERTIFICATE OF COMPLETION BY Tim Howard 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