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 Martha Daye DATE 4/26/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 To old Mt Rd. T.R. to approx 4 mi. T.R. on New Sterling Rd # 1526 T.R. on 1527 - T.R on 1532 - Cross Stream Trailer on L. S.R. No. _____

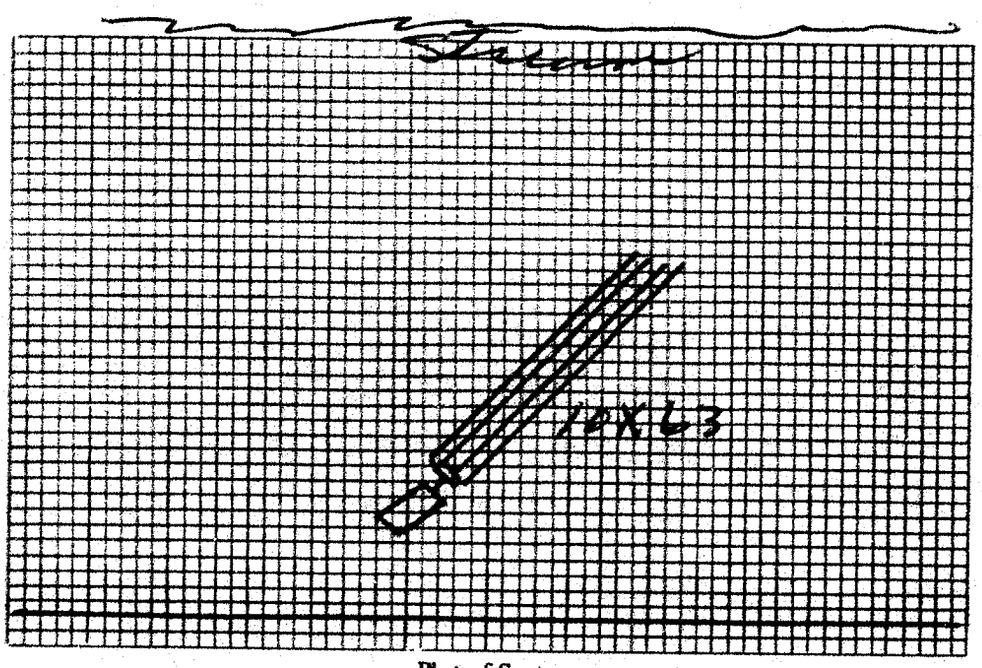
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 Acreage

Character & Porosity of Soil Cecil Clay
Percolation Rate _____
Topography Slope
Depth to Water Table Low
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )
From Brothers House
Installed by Harlan Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trailer Not on Lot at time of inspection. Trailer to be Placed 10' away from Tank & Line

CERTIFICATE OF COMPLETION BY E. A. Stevenson 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