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 Bill Cochrane Bldr DATE 10-24-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 To Sharon Schoolse Rd. T.L. Then T.L. on Wedgewood Dr. House on R. S. R. No. _____

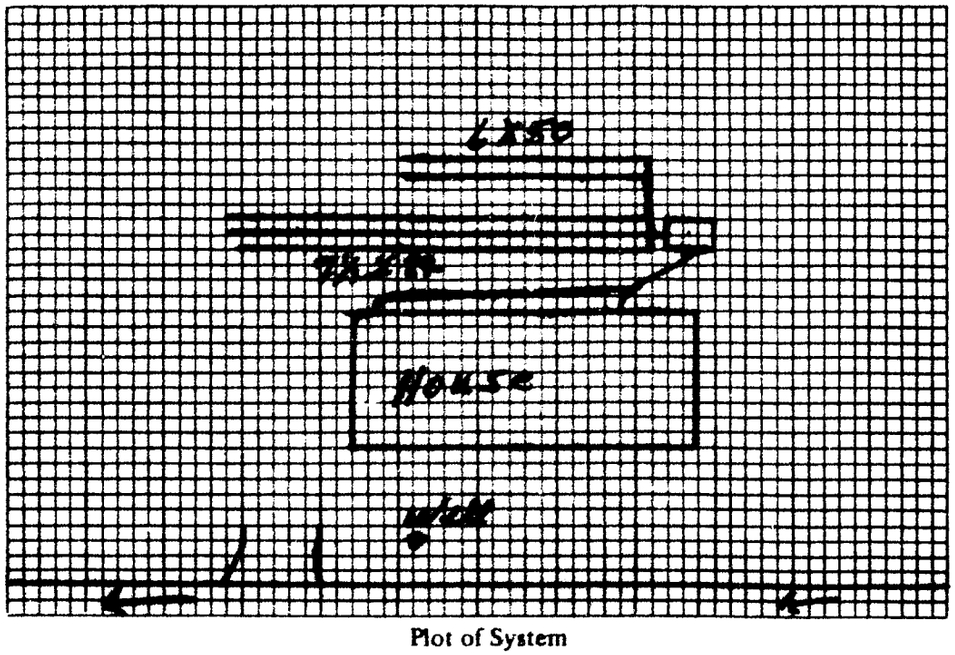
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	—
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slopes To Back Road
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low
			Rock or other impervious formations	Near end of street line

Lot Area 150 X 200



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines Shared Stretch
Sq. Ft. 925 Linear Ft. 350
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Ostwalt

House burned down

IMPROVEMENTS PERMIT BY _____

COMMENTS: Garbage Disposal added after original installation. 300 sq ft nitrification field added.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10-24-74

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