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 DATE 11-5-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. House on Right just before T.E. Stewarts Gas. S. R. No. _____

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

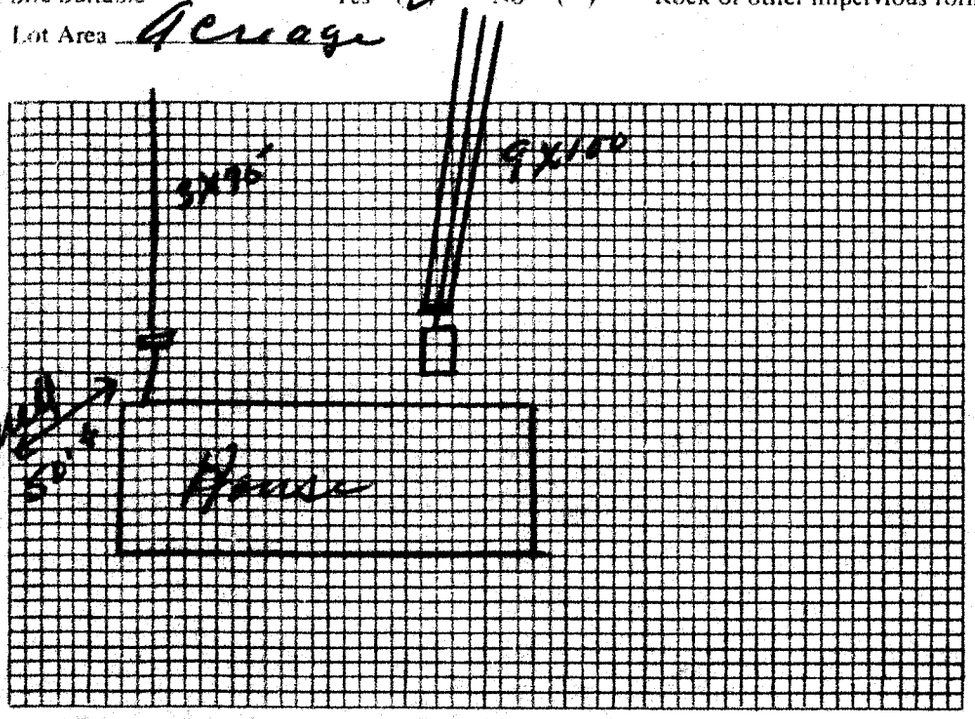
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

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

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

Lot Area 4 Acreage



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Ostwalt
Washing Machine Drain 3X75
2254 ft

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic Tank 3 feet underground. and lines are Deep.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 11-5-76

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