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 James Elmore DATE 8/25/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mock Mill Rd

S. R. No. _____

SUBDIVISION NAME Bobby Combs Development LOT NO. 1 - 6 SECTION OR BLOCK NO. _____

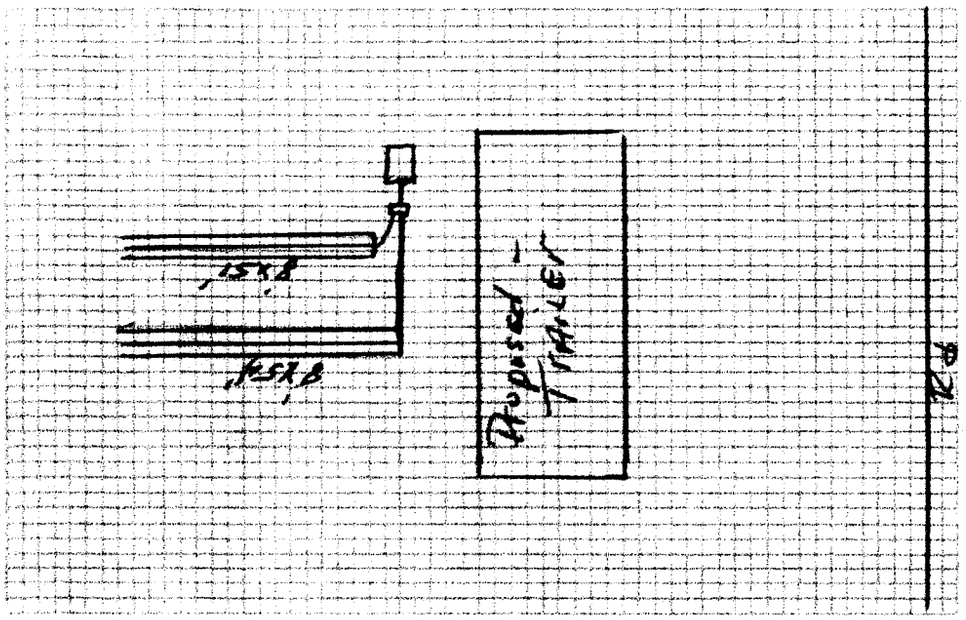
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 20,000 Sq/ft

Character & Porosity of Soil Prov Suitable
Percolation Rate _____
Topography Slope Low
Depth to Water Table _____
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines As shown
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual (✓)
Public ( )

Installed by Kenneth Chaffin

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8/25/78

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