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 Cochran DATE 3/15/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40W, T.R. on Old Mt. Rd., T.L. on Miller Rd (#1523) go 1 mile (2nd house on left - in woods) S. R. No. _____

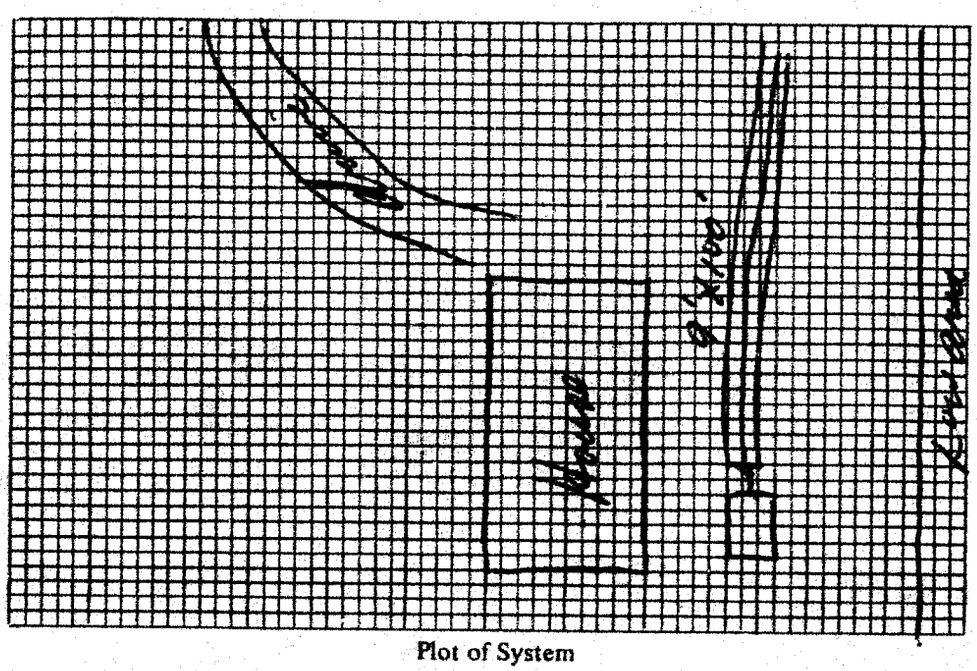
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 4 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	none	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	slopg to river	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10ft	
			Rock or other impervious formations	none observed	

Lot Area _____



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 ( )

neighbor's well

Installed by Robert Hoke
Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Causey DATE 3/15/77

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