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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 C. E. Carpenter DATE 3-1-72 PERMIT NO. 35

PHONE: Business _____ Home _____

LOCATION 1/10 on Right at Intersection on 115

S. R. No. _____

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

House (✓) Mobile Home ( ) Business (✓) Other Sand Store

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit Yes ( ) No ( )

Auto. Dishwasher Yes ( ) No ( )

Auto. Wash Machine Yes ( ) No ( )

Site Suitable Yes ( ) No ( )

Character & Porosity of Soil Existing System

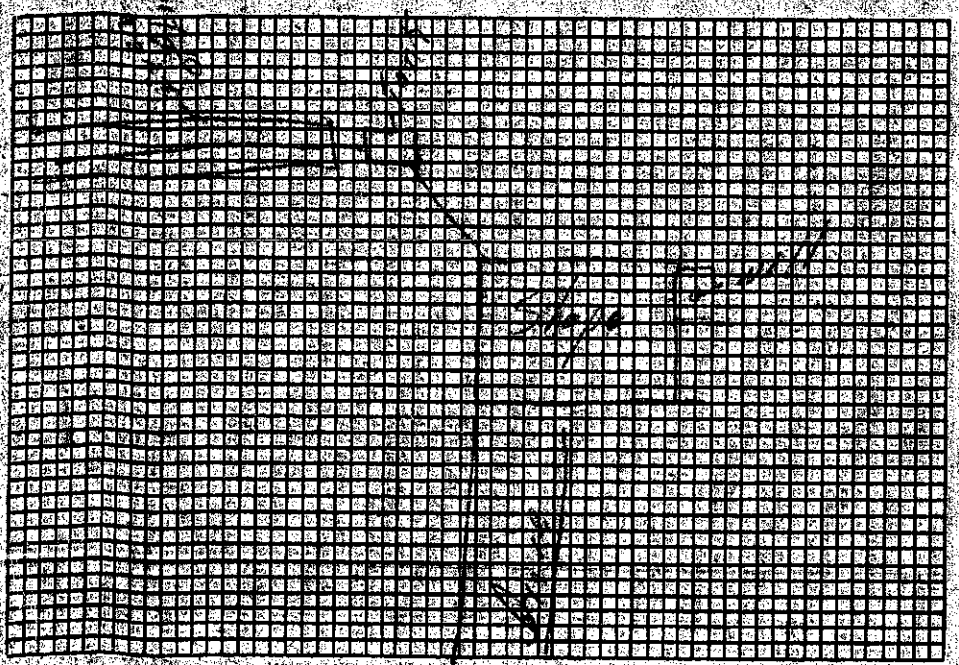
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

Lot Area Acreage



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 562.5 Linear Ft. 225

Depth of Stone in Lines 10

Water Supply: Individual (✓)

Public ( )

Installed by J.K. Bowles

1971

IMPROVEMENTS PERMIT BY _____

COMMENTS: Issued Pt. of Two of This Inspection

CERTIFICATE OF COMPLETION BY John Powell DATE 3-14-72

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