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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 Mr. Henry L. Brooks DATE 6-22-71 PERMIT NO. 135

PHONE: Business _____ Home _____

LOCATION 1100 ft on #2

S. R. No. _____

SUBDIVISION NAME Scotts Point LOT NO. 232 SECTION OR BLOCK NO. _____

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

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area Existing

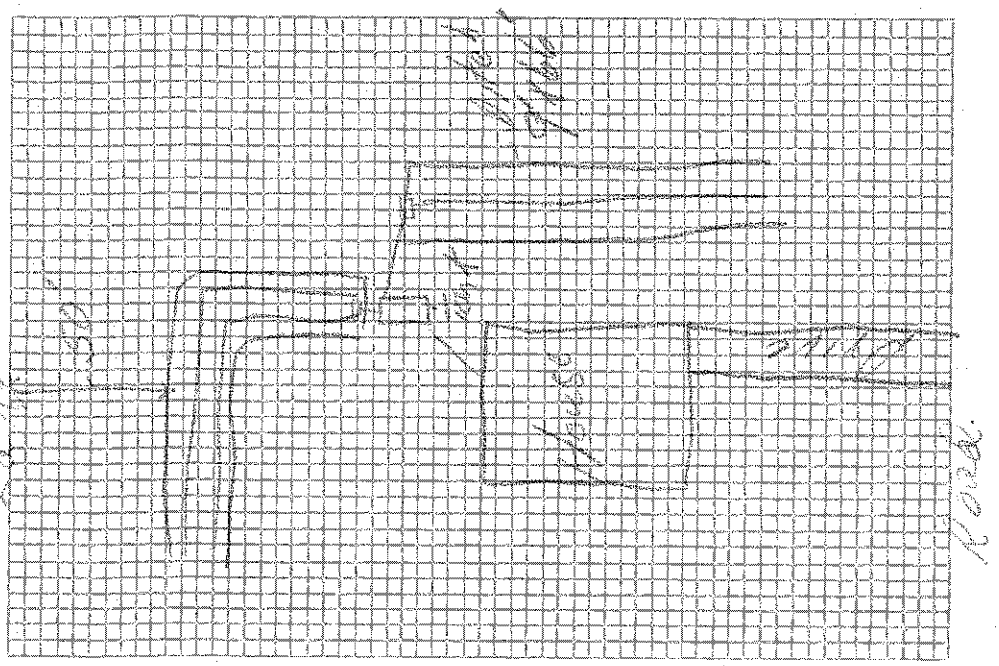
Character & Porosity of Soil Clay Loam 2:1 Clay

Percolation Rate 2 in 12 min / 1 in

Topography 5% Slope

Depth to Water Table 20 ft

Rock or other impervious formations None



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 420 Linear Ft. 200

Depth of Stone in Lines 10"

Water Supply: Individual ( ) 6" Sand

Public (✓)

Installed by Ray Berry

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [signature] DATE 6-22-71

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