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 Tyrone Stowek DATE 7-24-79 PERMIT NO. 251

PHONE: Business _____ Home _____

LOCATION Hwy 21 N Tl on 1305 ~ 1/mi. on Rt.

S. R. No. _____

SUBDIVISION NAME Scenic Oaks Mt. Park LOT NO. 1 & 2 SECTION OR BLOCK NO. _____

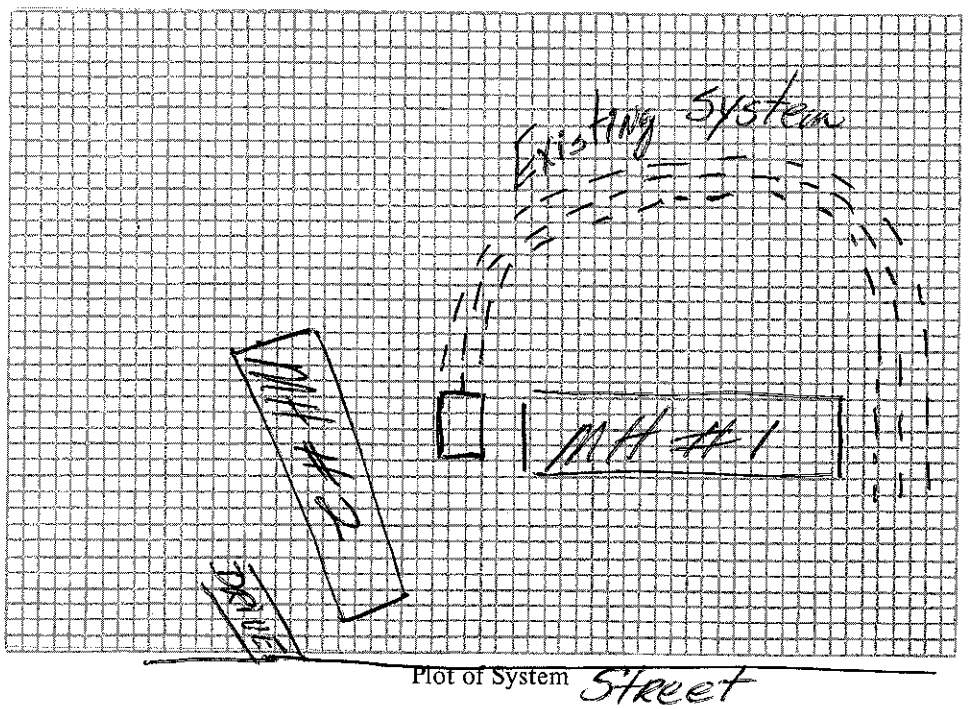
House ( ) 2 Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 6 No. Bathrooms 4

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 _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection

CERTIFICATE OF COMPLETION BY David R. Hinson DATE 7-24-79