Mayfield

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 Pauline Studevent DATE 10/12/76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy. 64-70 W. T.L. on old Ynt. Rd. T.R. on Lewis Ferry Rd # 1369 Cross 1333. Kept to R. on 1376 - House off Rd on Rt. S. R. No. 1376

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

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

No. Bedrooms 3 No. Bathrooms 1

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

Lot Area 1 acre

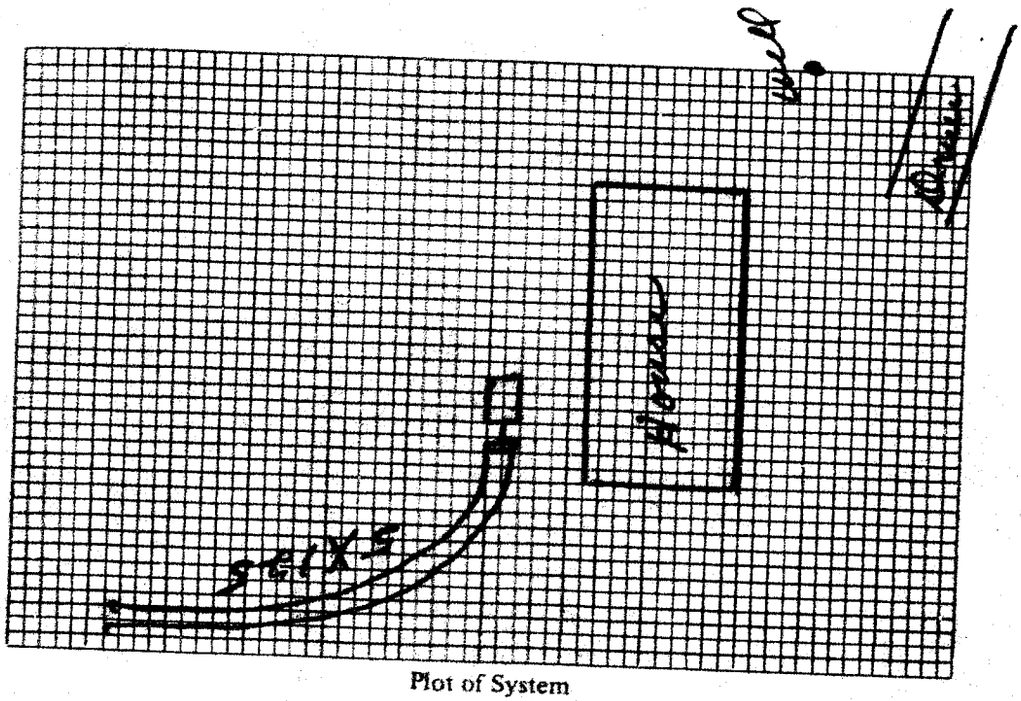
Character & Porosity of Soil Cecil Clay

Percolation Rate _____

Topography Slope

Depth to Water Table Low

Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 2

Sq. Ft. 625 Linear Ft. 250

Depth of Stone in Lines 10"

Water Supply: Individual (✓)

Public ( )

Installed by Hoke Septic Tank

IMPROVEMENTS PERMIT BY _____

COMMENTS: All surface water should be diverted away from Septic Tank + lines.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 10/13/76

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