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 John Fox DATE 7-2-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W to Rd # 1508 - T.R. Then Tch. on Rd # 1507. Go aProx 3/10 mile to Driveway on R. S. R. No. _____

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

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

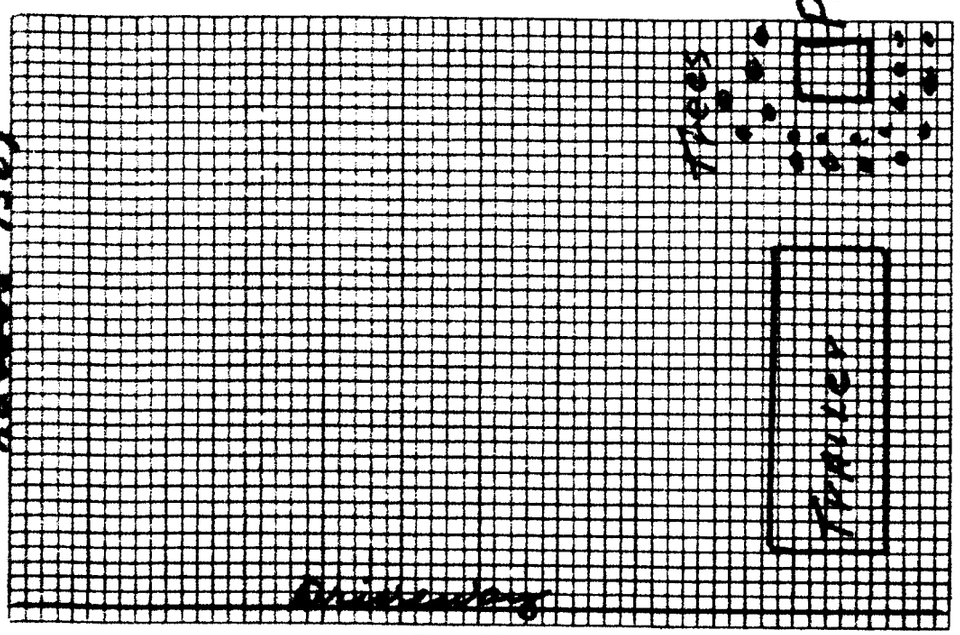
No. Bedrooms 2 No. Bathrooms 1

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

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area 8 acres

Rd # 1507



Plot of System

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

Installed by Self

IMPROVEMENTS PERMIT BY _____

COMMENTS: No well on Property or running Water in Trailer. This Trailer is not a full time residence. If well is put down and running Water Put in Trailer then it will be Necessary to install a sewage system.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 7-2-74

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