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 Charles Anderson DATE 3/20/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70W. Past White Oaks - T.L. on Herman Hoover Rd #1321 - House on L. approx ½ Mile. S. R. N. _____

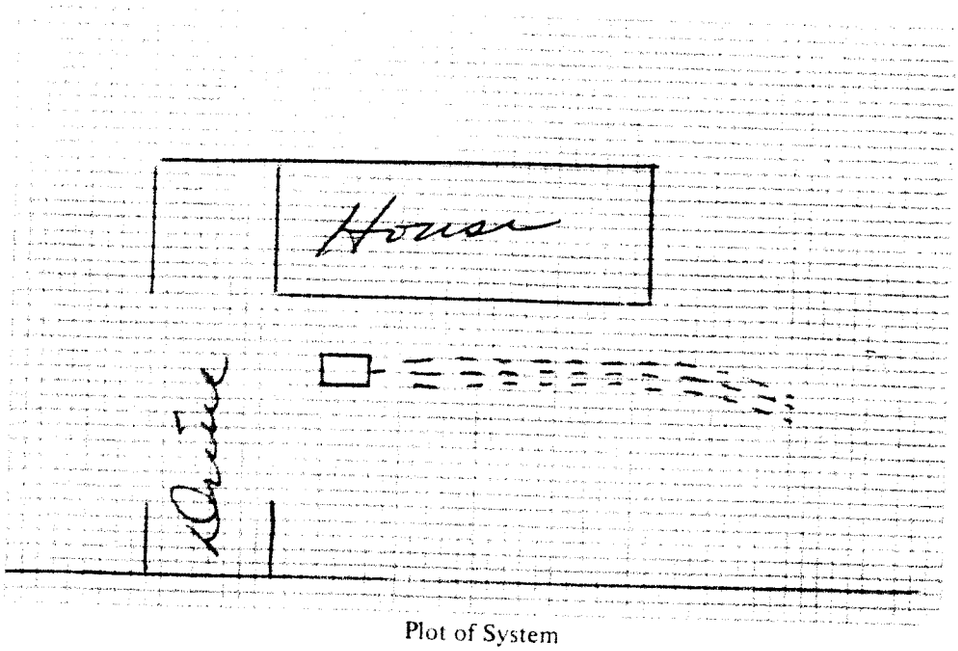
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil _____
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate _____
Auto. Wash. Machine	Yes (✓)	No ( )	Topography _____
Site Suitable	Yes (✓)	No ( )	Depth to Water Table _____
			Rock or other impervious formations _____

Lot Area 1½ acres



Plot of System

Existing

Size of Tank _____ Gals.

Nitrification Field:
No. of Lines _____
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____

Water Supply: Individual ( )
Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Trailer and Garage to be Moved When House is built. Sewage System shows No Sign of surfacing at this time

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 3/20/78

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