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 Bob Travis DATE 4/17/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. approx. 1 mile past White Oaks Trailer Park on L. S. R. No. _____

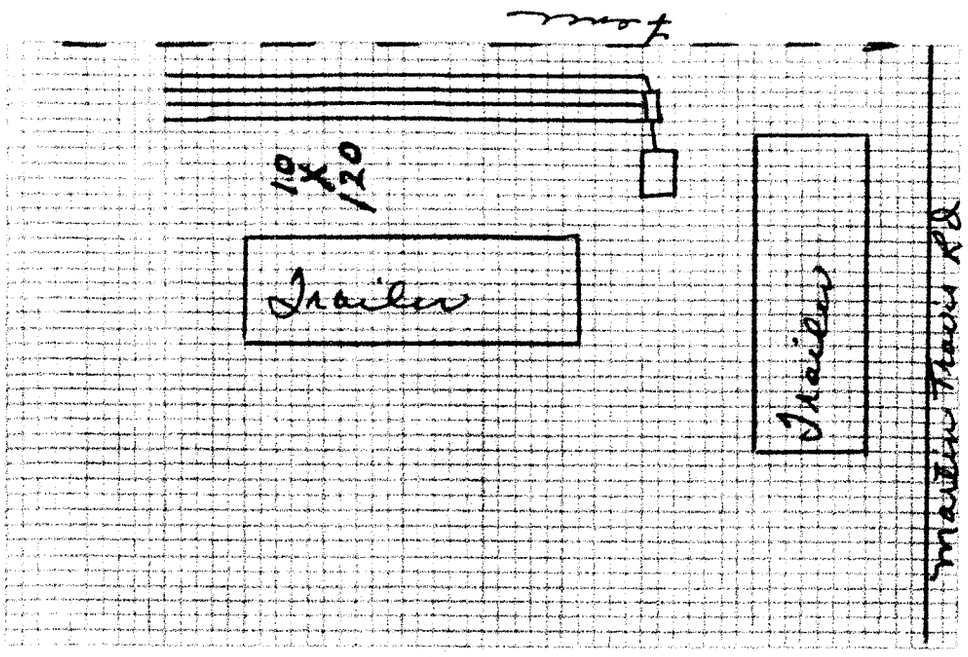
SUBDIVISION NAME Bob Travis Trailer Park LOT NO. 4+5 SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Prov Suitable
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Slight Slope
Site Suitable	Yes ( )	No ( )	Depth to Water Table	Low
			Rock or other impervious formations	None

Lot Area _____



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:
No. of Lines 4
Sq. Ft. 1200 Linear Ft. 480
Depth of Stone in Lines 16"

Water Supply: Individual ( )
Public ( )

Installed by Sigmon Septic Tank Co

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4/17/78

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