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 Elmer Winters DATE 8-21-74 PERMIT NO. _____

PHONE: Business _____ Home _____

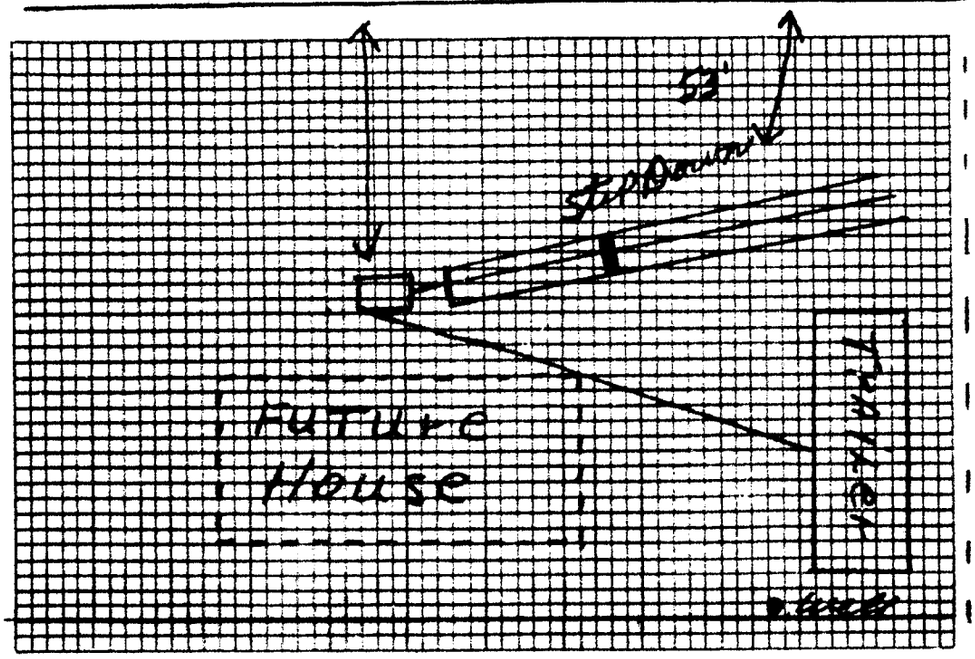
LOCATION Island Ford Rd. Trailer on L. Aprox. 1/2 Mile Beyond Bradfords X Roads. S. R. No. _____

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

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

No. Bedrooms 2 No. Bathrooms 2
Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 1 1/2 Acres

Character & Porosity of Soil Red Clay
Percolation Rate 20 Per Test
Topography Steel slope to back
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Harlee Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: House to be built sometime in future. Trailer Will be moved When House is built.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8-21-74

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