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 Hildred Mayberry DATE 9/1/76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-40 to Old NK Rd, T.R. to Broadford(X) Rds, T.L. go to 1510, T.L. go 3/10 mi on Rt S. R. No. _____

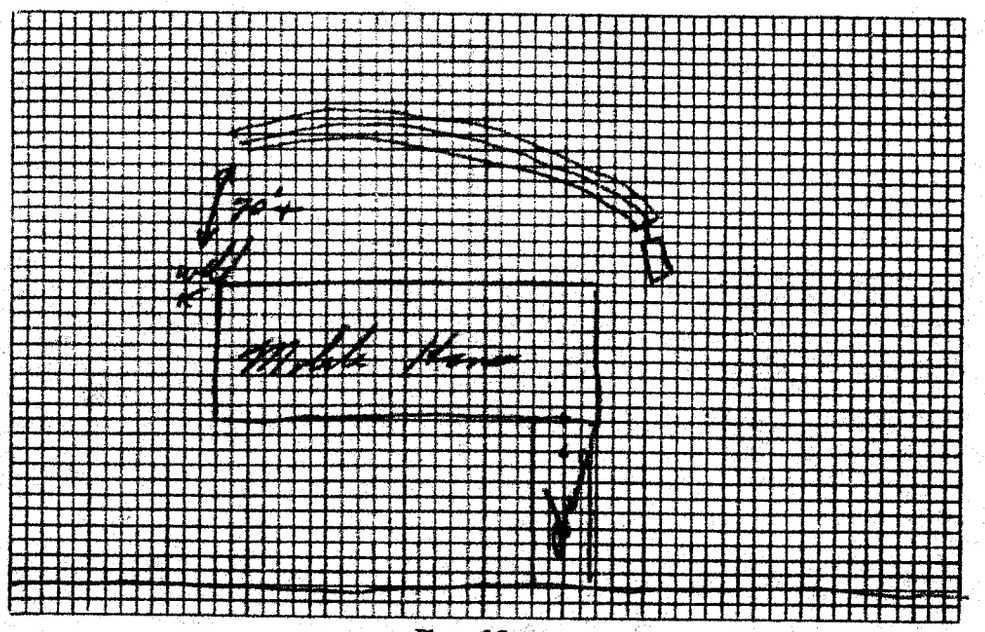
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other double wide

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Coal Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	new	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	slope to rear	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	none	
			Rock or other impervious formations	none stunned	

Lot Area _____



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 _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Conway Darla F. Kindley DATE 9/1/76

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