## 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 Cecil Morrow DATE 5-21-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Bradfords X Roads
Stark Building. S. R. No. _____

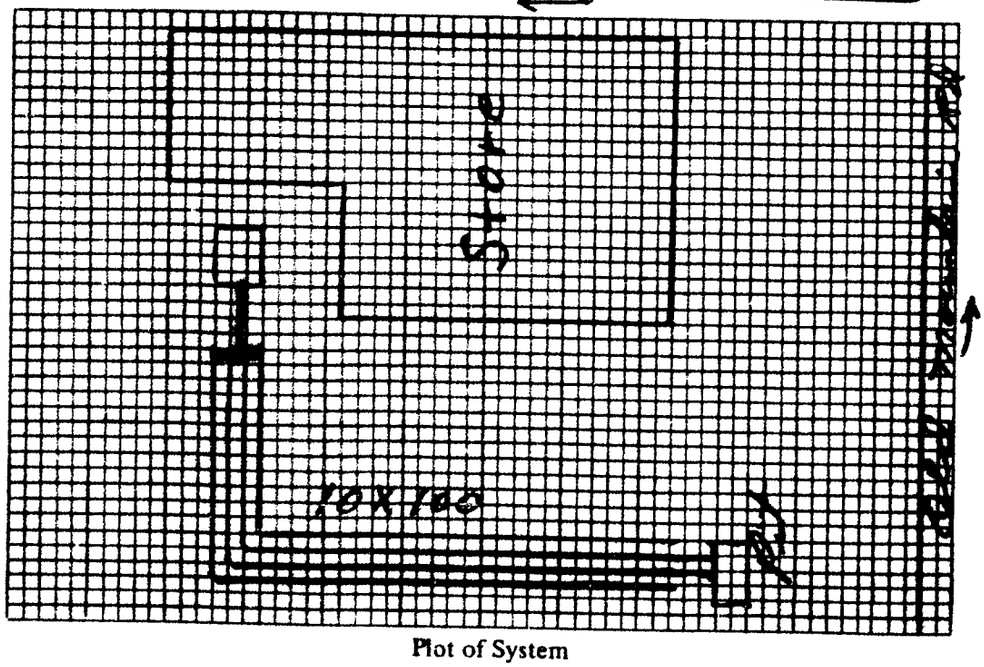
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

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

Island Ford Rd




Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 400
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (X)

Installed by Harry Reep

IMPROVEMENTS PERMIT BY _____

COMMENTS: 20 Ton Stone used in Pit.
Full 500' line could not be put in because we
run into a maze of old lines at same level as new one.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 5-21-75

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