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 Danny Stroud DATE 10-23-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd Above Bradfords X Rd - T.R. on #1624 - T.R. 1st Rd - House on L. near End of Rd S. R. No. _____

SUBDIVISION NAME Coyte Brady Development LOT NO. _____ SECTION OR BLOCK NO. _____

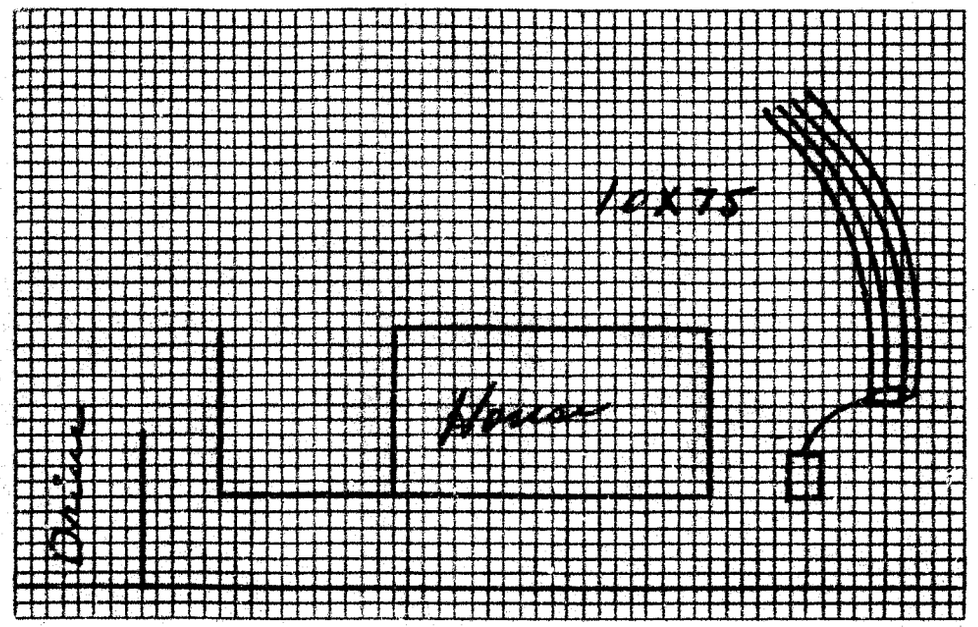
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Cecil Clay
Percolation Rate _____
Topography Slope to East Side Low
Depth to Water Table _____
Rock or other impervious formations None

Lot Area 150 X 150



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Hoke Septic Tank

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface Water should be diverted away from Tank & lines

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 10-23-75

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