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 Clyde Estes DATE 7-25-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 90 above Scotts. T.L. on Barnes Rd # 1537
Go apprx 1½ Miles - Trailer on R. Back off Rd S. R. No. _____

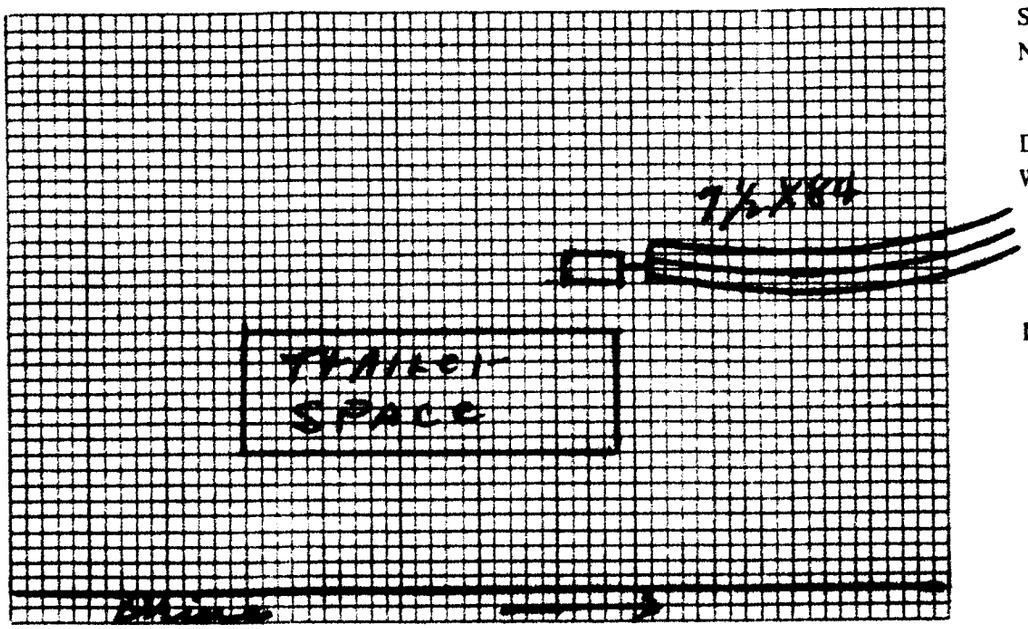
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	No Perk Test
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 10 acres



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 Lackey Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 7-25-74

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