# 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 White Oak Service Station DATE 6/29/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64 NW at corner of Old Mocksville Rd

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home ( ) Business ( ) Other Ser Sta

No. Bedrooms _____ No. Bathrooms 2

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

Lot Area 1 acre

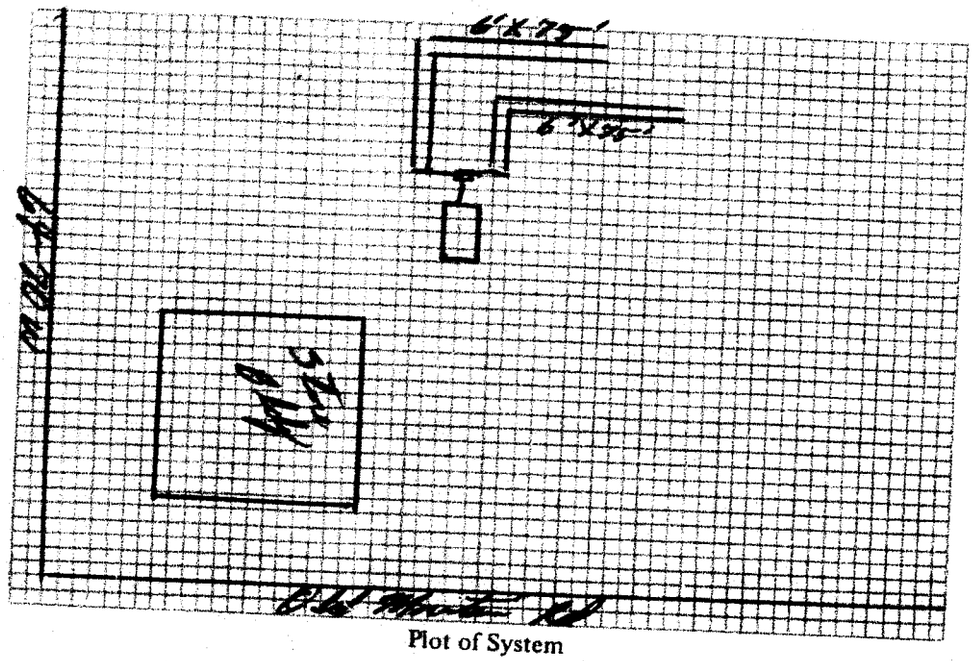
Character & Porosity of Soil Prev. Suitable

Percolation Rate _____

Topography 2%

Depth to Water Table Low

Rock or other impervious formations none noted




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:

No. of Lines 4

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 16"

Water Supply: Individual (✓)

Public ( )

Installed by Henry Eugene

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing Building

CERTIFICATE OF COMPLETION BY Andrew E. Conway DATE 6/29/78

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