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 Craig Stone DATE 10/9/78 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W T.L. on Old Mountain Rd T.R. on Eufola Rd #1368. House on Rt. Aprox ¼ Mile. S. R. No. _____

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

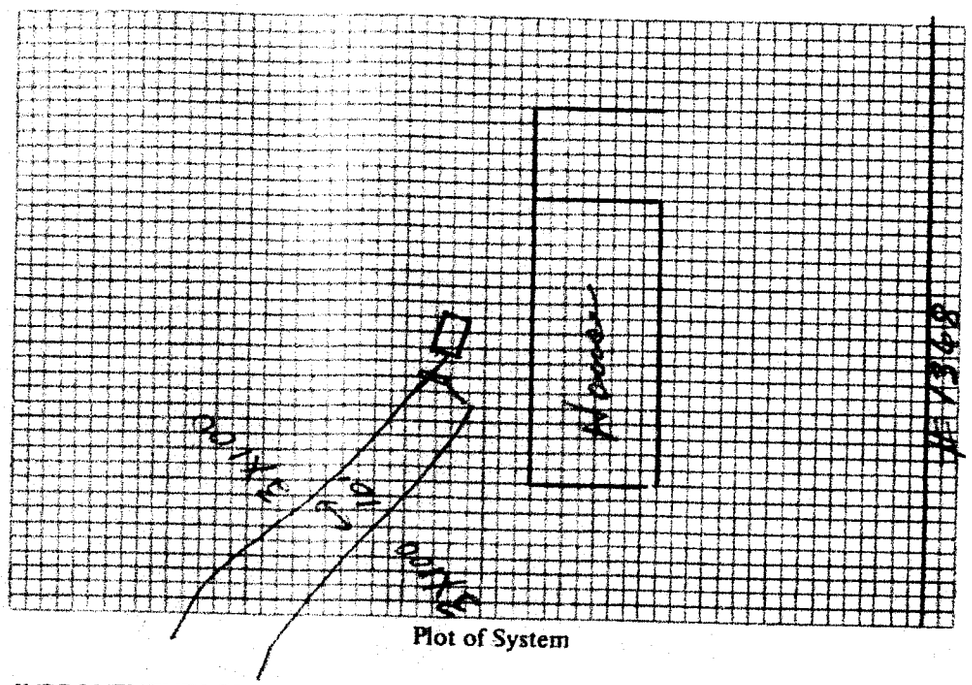
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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 _____
Percolation Rate _____
Topography Slope
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Surface water should be diverted away from Septic Tank & lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10/9/78

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