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 Michael Brewer DATE 3-19-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Carol-Lynn Acres

S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 41 SECTION OR BLOCK NO. _____

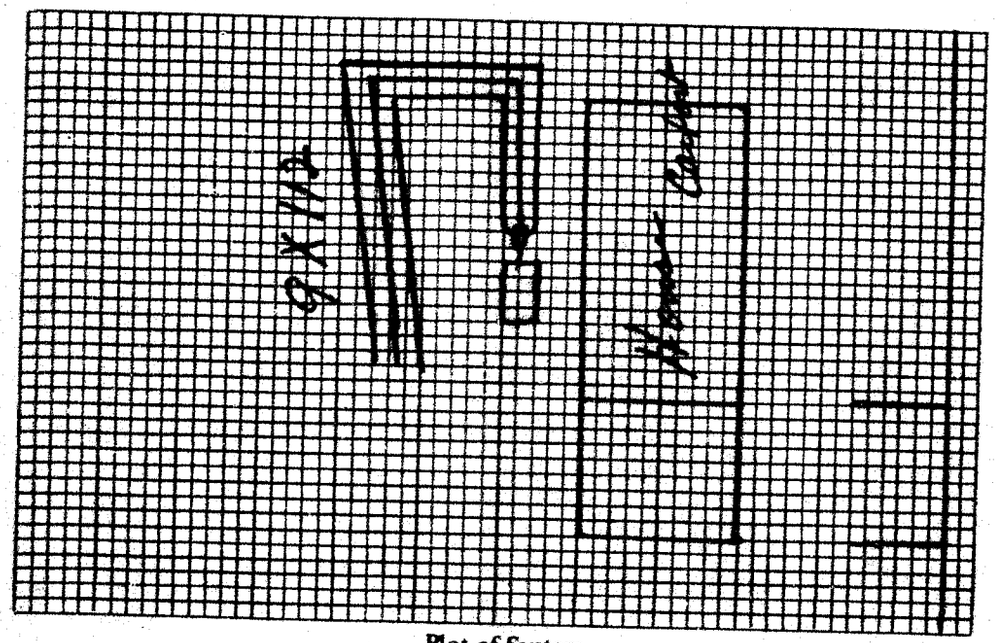
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 4 No. Bathrooms 2

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

Lot Area 1 Acre

Character & Porosity of Soil Red clay
Percolation Rate _____
Topography Slight Slope to Rear
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1000 Linear Ft. 336
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Hoke Septic Tank Co.

IMPROVEMENTS PERMIT BY _____

COMMENTS: Downspouts should be diverted away from Septic tank and lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 3-19-76

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