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 Hope Bro DATE 10/25/79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION _____ S. R. No. _____

SUBDIVISION NAME Carol-Lynn Acres LOT NO. 45 SECTION OR BLOCK NO. _____

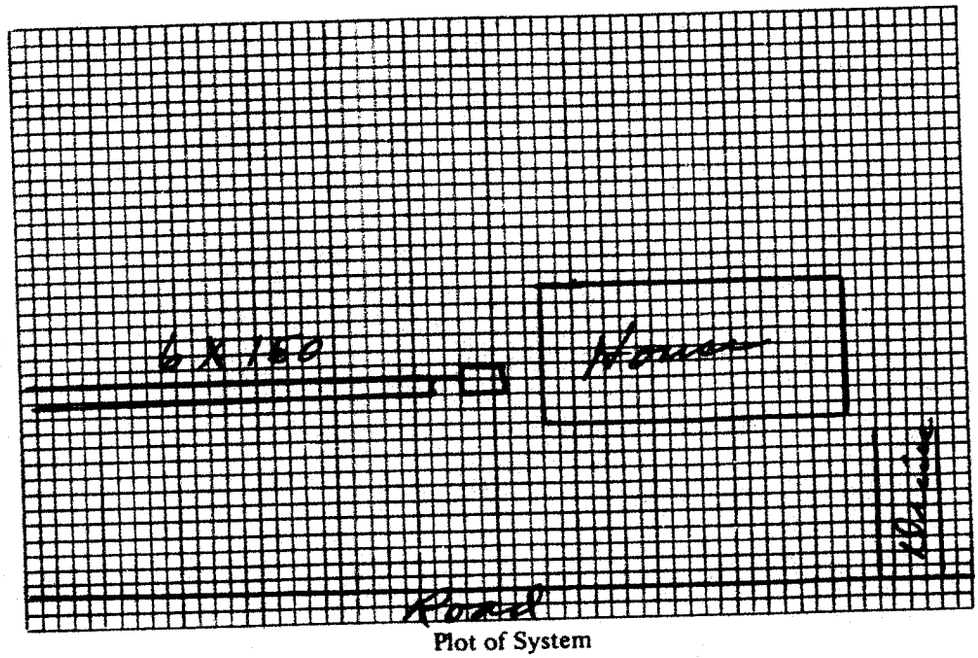
House (✓) Mobile Home ( ) Business ( ) Other _____

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 20,000 Sq ft

Character & Porosity of Soil Prov Suitable
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. 900 Linear Ft. 300
Depth of Stone in Lines 16"
Water Supply: Individual ( )
Public (✓)

Installed by Hope Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Divert Surface Water away from Septic Tank & lines.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 10/25/79

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