Allen Edmiston
Odell Holloway

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 A & O. Builders DATE 4-15-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy #90 To Loray. T.R. Go 1 Block - T.L. into Development. S. R. No. _____

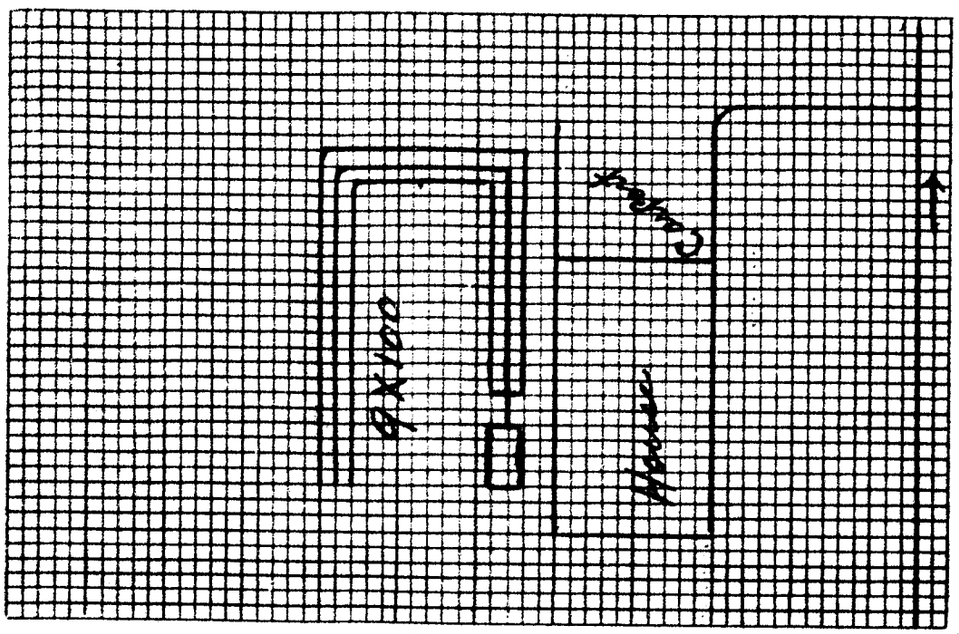
SUBDIVISION NAME Concordia LOT NO. 12 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 100 X 200

Character & Porosity of Soil Cecil. Clay
Percolation Rate System Design as Per Perk Test
Topography Slope to Front
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Lackey Bro

IMPROVEMENTS PERMIT BY _____

COMMENTS: Lines are Dup.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 4-15-75

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