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 Jack Cline DATE 1-10-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Turn on East Mocksville Road at Barium Springs. Go 3 miles Brick House on Left. S. R. No. _____

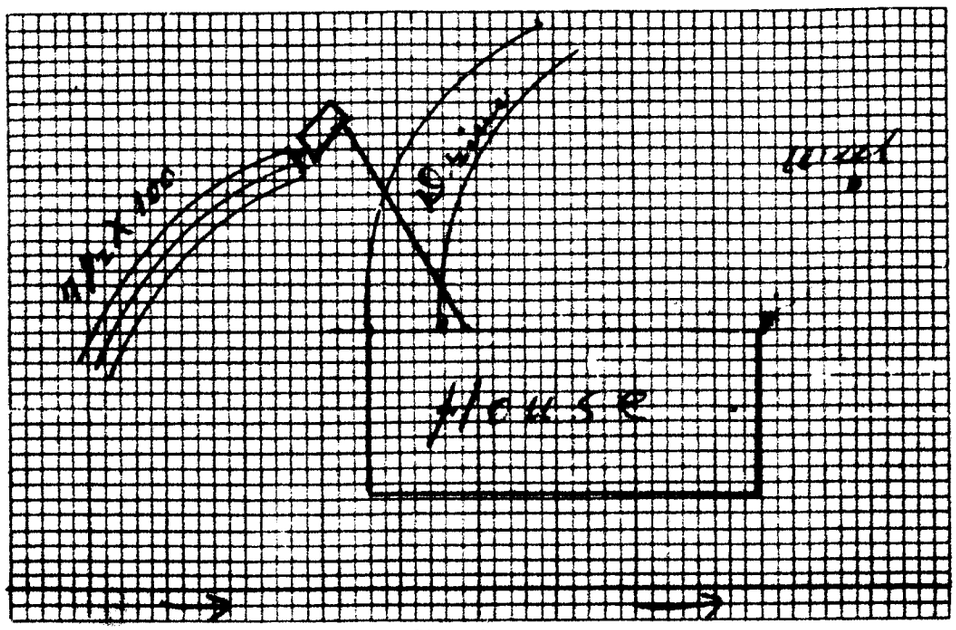
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 3

Garbage Disposal Unit	Yes (✓)	No ( )	Character & Porosity of Soil	Red Clay	
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate	No Perk Test made	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to Back Low	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table		
			Rock or other impervious formations	None	

Lot Area 2 Acres



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 750 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Ostwalt

IMPROVEMENTS PERMIT BY E. G. Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 3-7-74

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