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 Wallace Foster DATE 6/14/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Old Mountain Rd just below Kyles X Rd T.R. on Rd 1335 Go through Compton Park T.R. to to End of Rd. House back No. _____

SUBDIVISION NAME W J Ford LOT NO. _____ SECTION OR BLOCK NO. _____

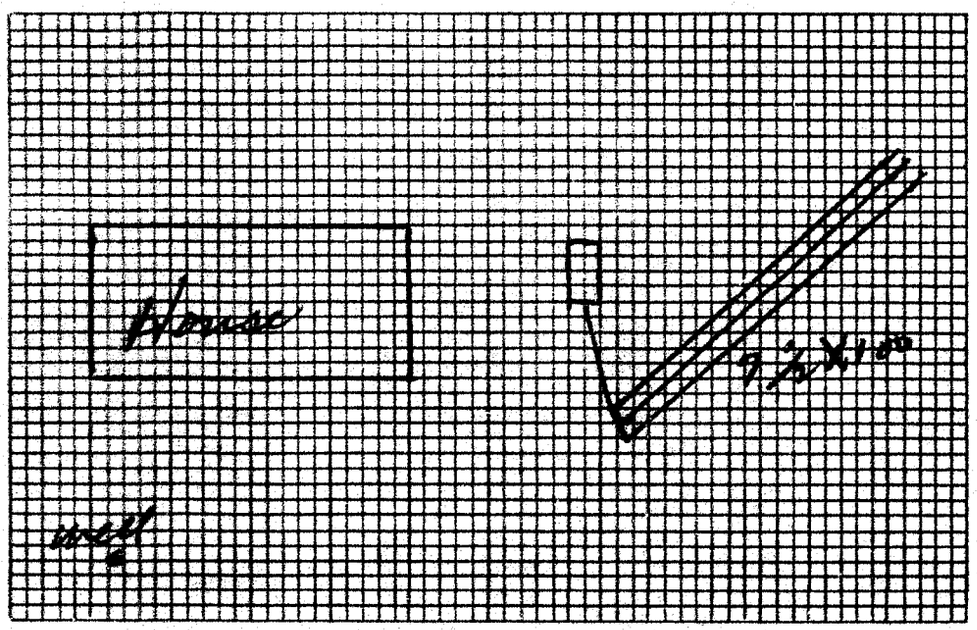
House (✓) Mobile Home ( ) Business ( ) Other _____

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 Acreage

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



Plot of System

Size of Tank 1500 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 Harlee Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: House Moved from another lot.

CERTIFICATE OF COMPLETION BY E. G. Stevenson DATE 6/14/77

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