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 Clarence McCurdy DATE 11-1-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 64-70 W. To Ashbrook Park T.R. Then Bear to left on Ashbrook Dr. House on L. S. R. No. _____

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

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

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area 120 X 128

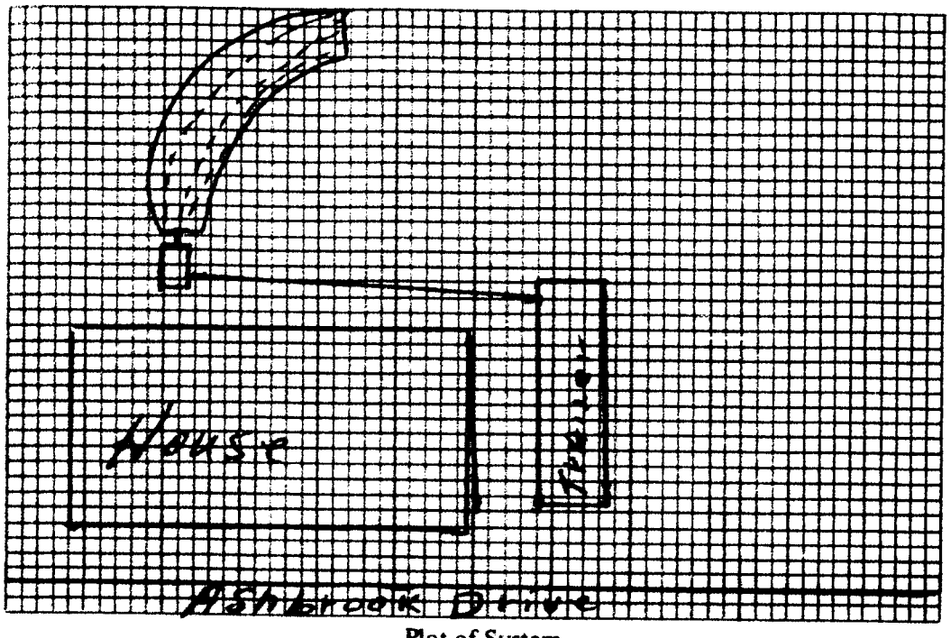
Character & Porosity of Soil _____

Percolation Rate Existing System Working O.K.

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank _____ Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: Mr McCurdy's house was badly damaged by fire. He is going to put this trailer in while house is being repaired. This trailer will be moved when repairs have been completed.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 11-1-73

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