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 Bob Ward DATE 11-7-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 711 Bristol Drive

S. R. No. _____

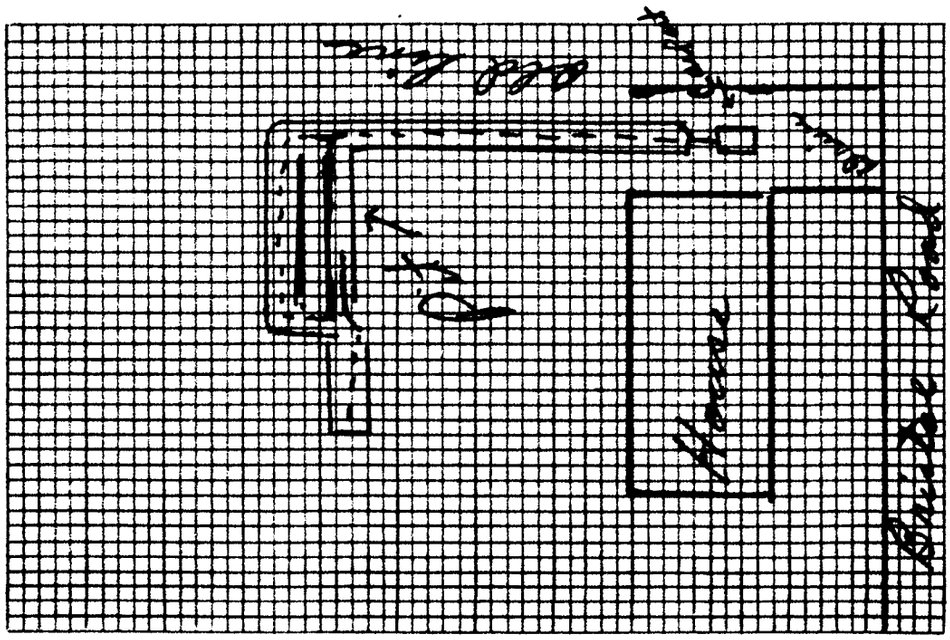
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash. Machine	Yes ( )	No ( )	Topography	Repair
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area 50 X 150



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines Pit
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines 16 Ton Stone
Water Supply: Individual ( )
Public ( )

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank is in Carport. Due to size of lot and location of Wells Pit was only repair that Could be made. 16 Ton Stone used in Pit

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 11-7-73

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