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 Henry Austin DATE 7-26-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 808 Baker Street - Off of Hwy 64-70 W. 9th House on L. S. R. No. _____

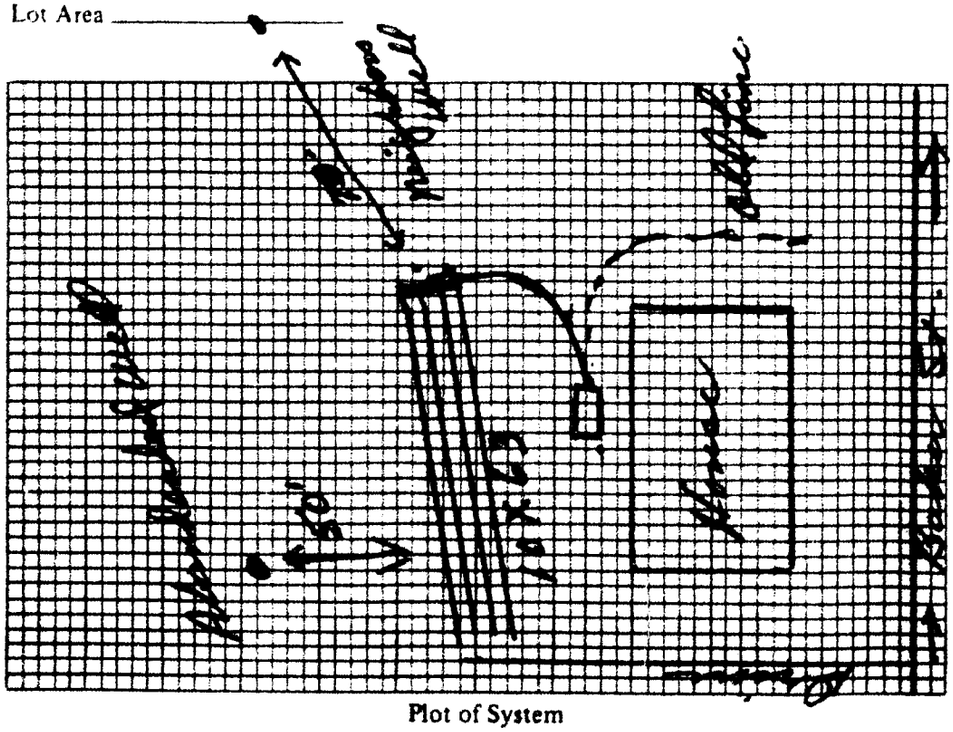
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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 ( )

Character & Porosity of Soil _____
Percolation Rate _____
Topography Repair
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area _____



Plot of System

Size of Tank Old Tank Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines _____
Water Supply: Individual (x)
Public ( )
From my Austin House
Installed by Mason & Grant

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: Tank Pumped and Tee Checked

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 8-1-74

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