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 Mack Hayes DATE 4-16-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W. To I" St. beside Sunbeam Bakery - house # 217 On corner S. R. No. _____

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

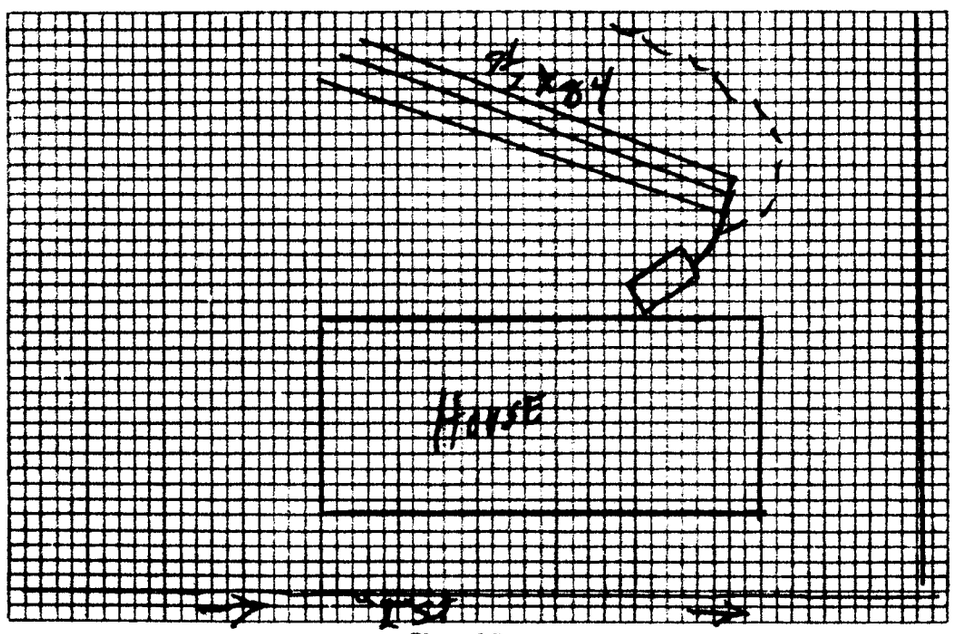
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

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

Character & Porosity of Soil Red Clay
Percolation Rate 4m
Topography Steep to River
Depth to Water Table 4m
Rock or other impervious formations mm

Lot Area _____



Plot of System

Size of Tank Ryan's Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Henry Sigmon

IMPROVEMENTS PERMIT BY William M. Howard

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andrew E. Casey DATE 4-16-74

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