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 Neil Adams DATE 4-16-74 PERMIT NO. _____

PHONE Business _____ Home _____

LOCATION 2505 1st St. (90W. to I street) turn left, first paved road turn Rt) S. R. No. _____

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

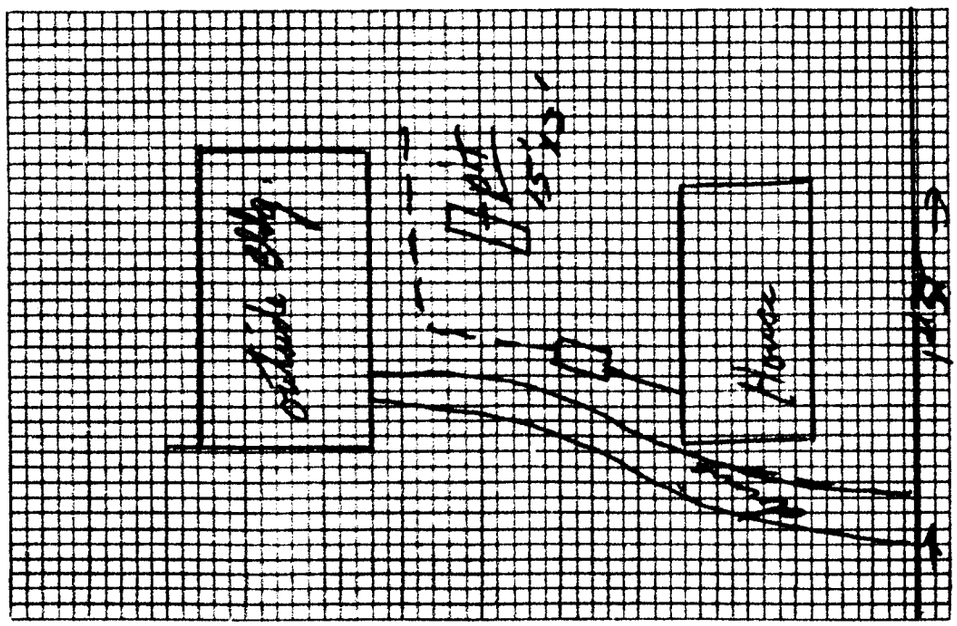
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

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

Lot Area _____

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography slope to rear
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

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

Installed by Henry Eggman

IMPROVEMENTS PERMIT BY Andrew Causey

COMMENTS: area too small for good system a pit is necessary for the available area / pit 15' X 3'
2:60 - 300 - 4-16-74 comp date prepaid

CERTIFICATE OF COMPLETION BY Andrew Causey 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