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 Robert Brawley DATE 4-18-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION North Mont House on L

S. R. No. _____

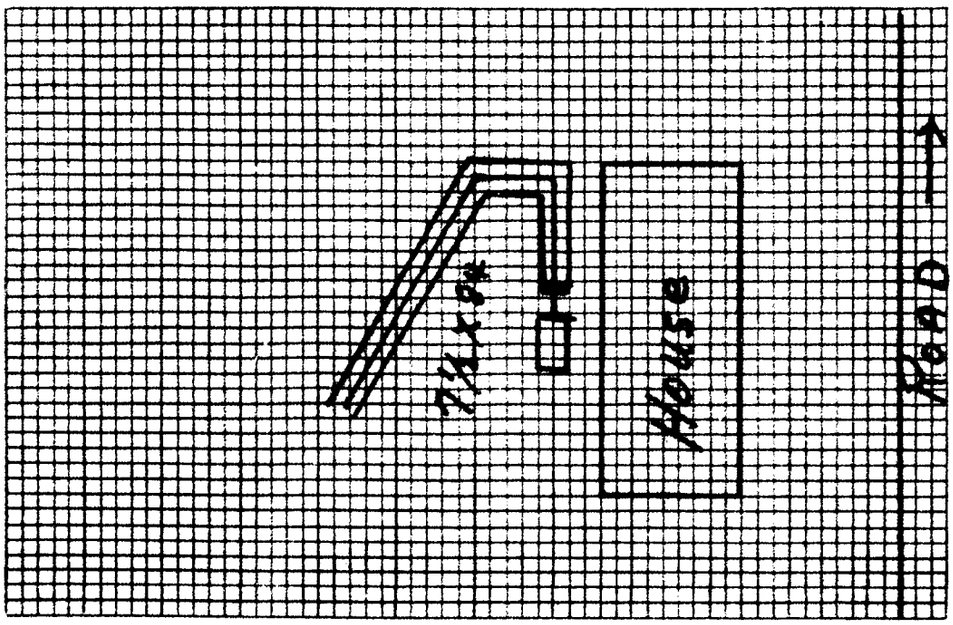
SUBDIVISION NAME North mont acres LOT NO. 47 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Clay
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	No Perk Test
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	Low
			Rock or other impervious formations	None

Lot Area _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 252
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Robert Hoke
R. E. Toy

IMPROVEMENTS PERMIT BY E. A. Stevenson

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE _____

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