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 Hubbard Farms - DATE 1-18-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy # 115 N. Hubbards Farms on L.
Repair to Egg Grading & Storage House S. R. No. _____

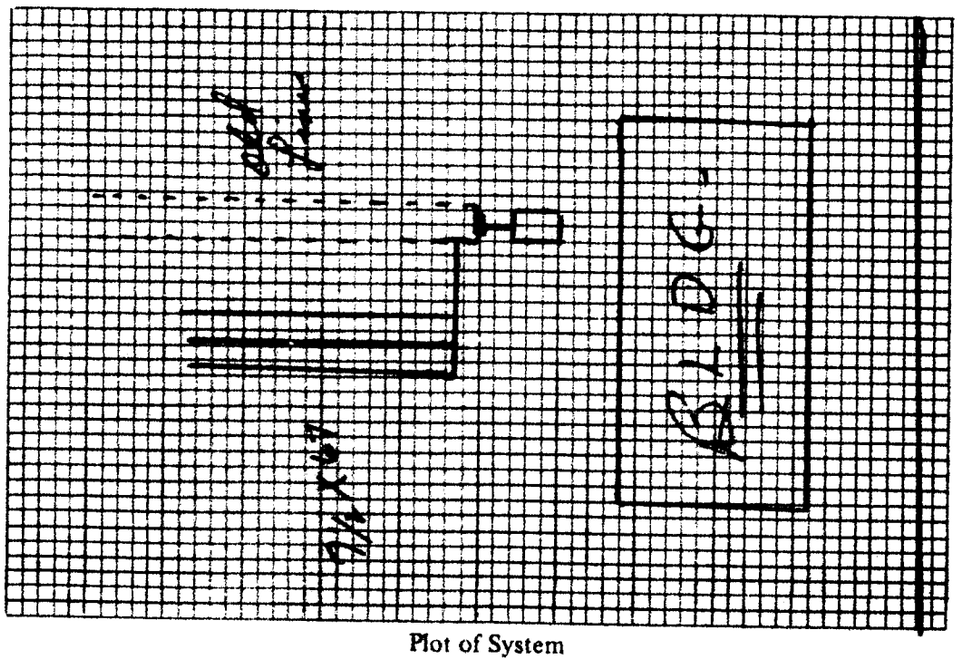
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms _____ No. Bathrooms 2

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 _____



Plot of System

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 500 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Herman Gibson

IMPROVEMENTS PERMIT BY E.

COMMENTS: _____

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 1-18-74

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