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 Wesley Sprinkle DATE 2-4-76 PERMIT NO. _____

PHONE: Business _____ Home 872-5883

LOCATION Trinity Acres

S. R. No. 1957

SUBDIVISION NAME Trinity Acres LOT NO. 194-197 SECTION OR BLOCK NO. _____

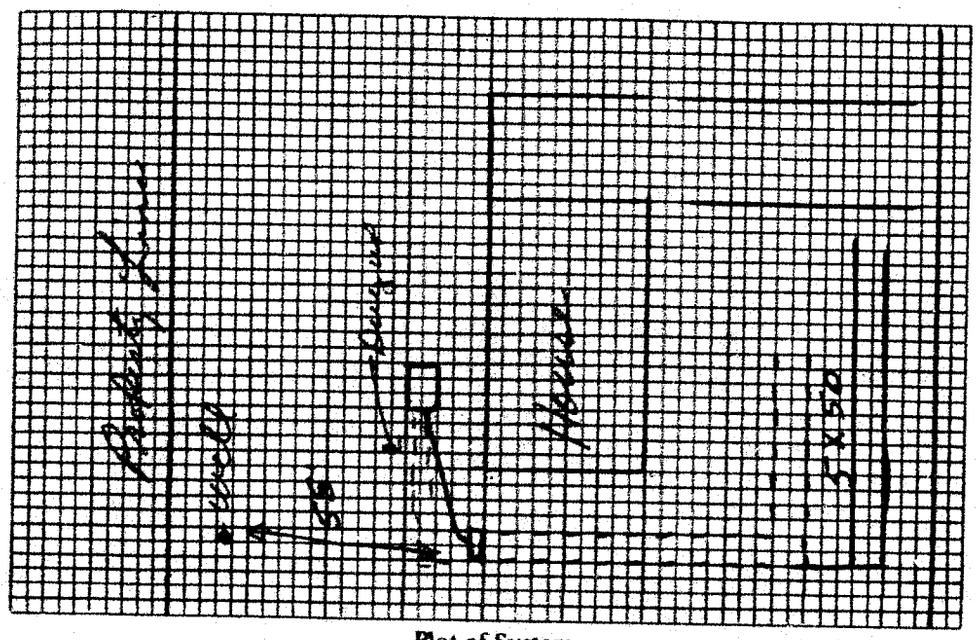
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

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



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 250 Linear Ft. 100
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by John Mercer

IMPROVEMENTS PERMIT BY _____

COMMENTS: Old line from Tank to Corner of house dug up and filled back with fresh dirt.
Downspouts should be diverted away from tank & lines

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 2-4-76

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