SEWAGE DISPOSAL RECORD

Iredell County Health Department

me of Occupant Burl Warren W & C Location of Building E. Main St.

me of Owner W & C Date of Installation

pe of Privy Constructed Number New or Repaired

otic Tank concrete (concrete, metal, etc.) Date Inspected 9-12-51 Permit No. —

Capacity 810 gal F.H.A. Case Yes / No

mber of Users Not over 6 Type Secondary Treatment

urce of Water Supply drilled well

ntractor or Plumber Clyde Hoke Address Statesville, R1

proved by D. C. Tyson, Jr. Jane Cole

marks (Over)

C. STATE BOARD OF HEALTH FORM NO.

TE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on a
cent property, etc. Write in measurements in order that installations may be located at later d

