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 Miss Kate Taylor DATE 2-18-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 21 S. Past Iredell Memorial Park
T.R. on 1468 - 1st House on L. S. R. No. _____

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

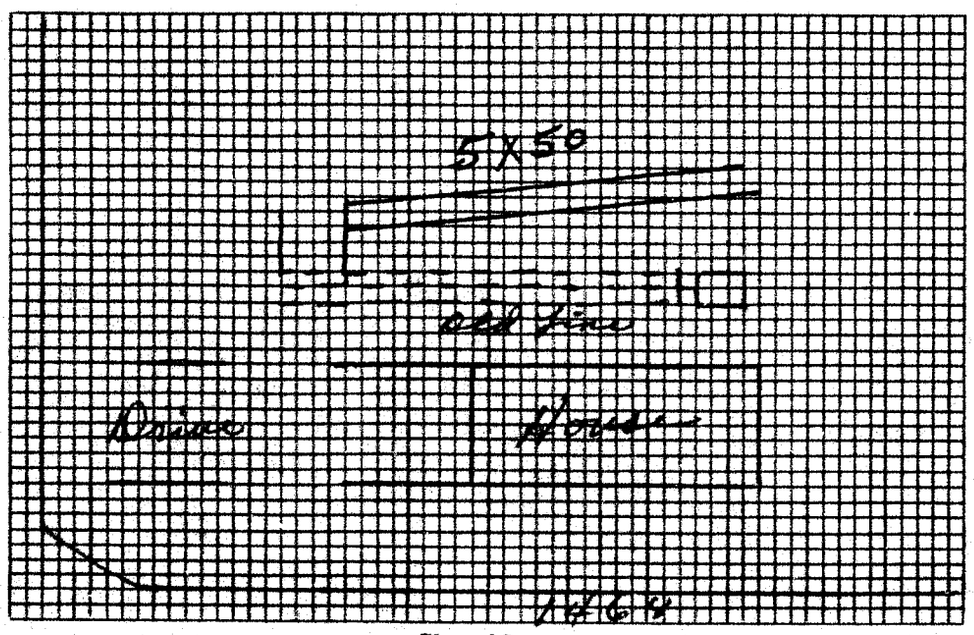
House ( ) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area _____



Plot of System

Size of Tank Repair Gals.
Nitrification Field:
No. of Lines 3 2
Sq. Ft. ~~325~~ 259 Linear Ft. 160
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (+)

Installed by Sam Ostwalt

IMPROVEMENTS PERMIT BY _____

COMMENTS: Mr Ostwalt misplaced Improvement Permit and only put in 100' line instead of 150' as originally planned.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 2-18-76

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