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 Union Whse. & Trucking DATE 6-30-76 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1840 Charlotte Hwy

S. R. No. _____

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

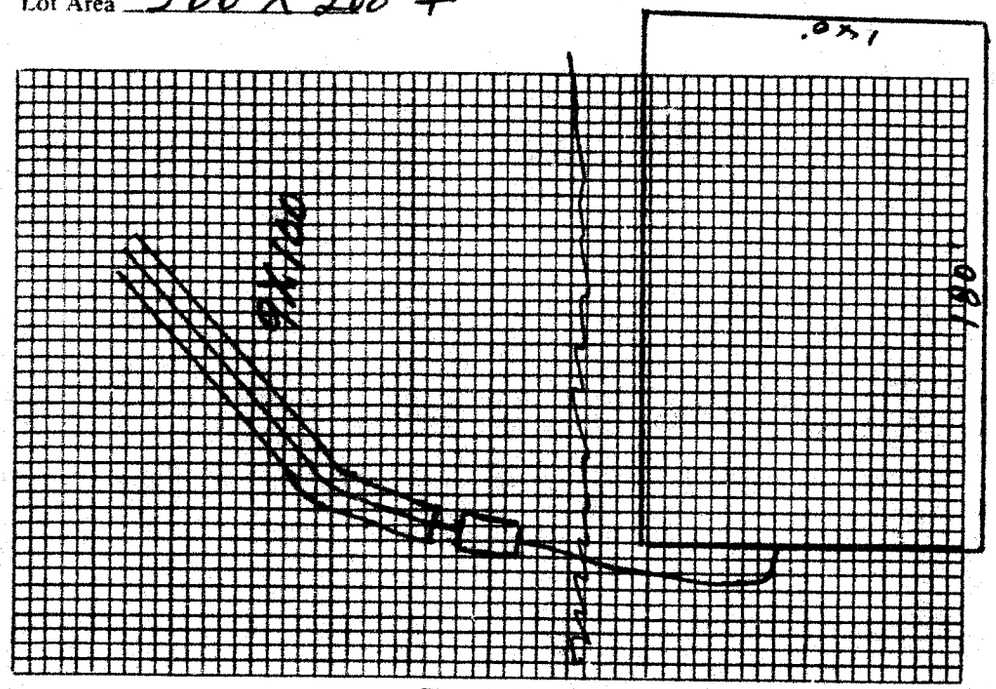
House ( ) Mobile Home ( ) Business (✓) Other Warehouse

No. Bedrooms X No. Bathrooms 4

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

Lot Area 500 X 200 +

Character & Porosity of Soil Red clay
Percolation Rate _____
Topography Slope toward Stream
Depth to Water Table Low
Rock or other impervious formations None



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by Harlen Lackey

IMPROVEMENTS PERMIT BY _____

COMMENTS: Maximum # Employees 10

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6-30-76

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