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 Carlee Stewart DATE 8-15-74 PERMIT NO. _____

PHONE: Business _____ Home _____

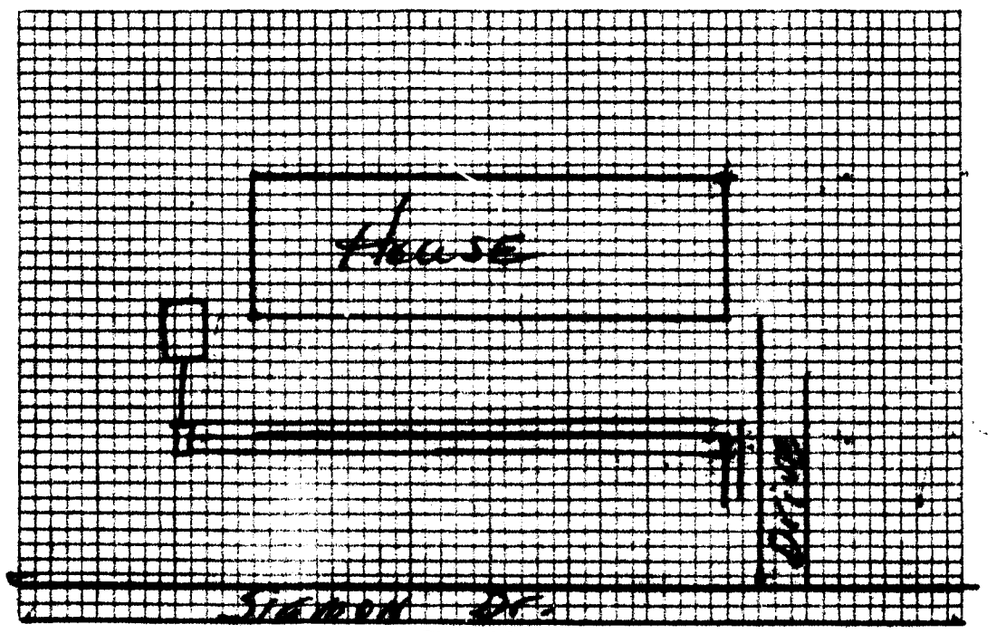
LOCATION 115 N - TR past Shell Oil Co - Sign on Dr - 35' Brick Runs on Left. S. R. No. _____

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

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

No. Bedrooms _____	No. Bathrooms _____			
Garbage Disposal Unit	Yes ( )	No ( )	Character & Porosity of Soil	Repair
Auto. Dishwasher	Yes ( )	No ( )	Percolation Rate	
Auto. Wash Machine	Yes ( )	No ( )	Topography	
Site Suitable	Yes ( )	No ( )	Depth to Water Table	
			Rock or other impervious formations	

Lot Area _____



Plot of System

Size of Tank Existing 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 _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____ DATE 8/15/74

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