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 H.G. Mills DATE 2-19-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N LEFT ON Rd # [illegible] THEN LEFT ON Rd # 1924 (NIXON Rd) GO 1/4 MILE HOUSE ON Rt. S. R. No 1924

SUBDIVISION NAME _____ 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 ( )

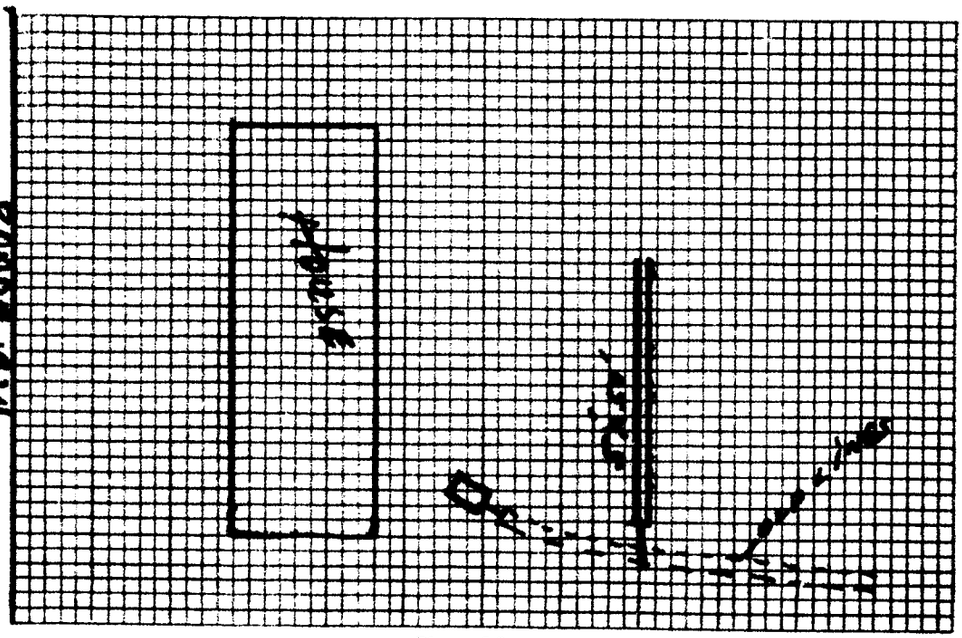
Lot Area _____

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

REPAIR —

Size of Tank _____ Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 254 Linear Ft. 100
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Henry Seymour



Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Glenn Fox Jr. DATE 4/15/74

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