SEWAGE DISPOSAL RECORD

IREDELL County Health Department — MAURICE W. CAMPBELL

Name of Occupant ~~Hunter Cline~~ W ___ C ___ Location of Building East Side Dr. Statesville

Name of Owner ___ W ___ C ___ Date of Installation Sept, 1951

Type of Privy Constructed ___ Number ___ New or Repaired ___

Septic Tank poured concrete (concrete, metal, etc.) Date Inspected 10-3-51 Permit No. ___

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

Number of Users Not 6 Type Secondary Treatment 200' of 18" ditch

Source of Water Supply city water

Contractor or Plumber Clyde Hoke Address Statesville

Approved by E. D. Zingale, Jr.

Remarks ___ (Over)

N. C. STATE BOARD OF HEALTH — FORM NO. 207