IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 12-23-59 195__

Owner C F Fisk Address Belmont Con.

Installed By CLYDE HOKE Address _____

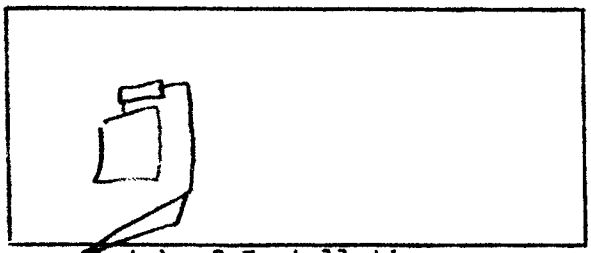
Location of Property Village in Belmont

Tank		Capacity		Length of Lines		Fixtures	
Block	(✓)	800	( )	150'	(✓)	No. of Baths	( )
Precast	( )	900	( )	175'	( )	Dishwasher	( )
Mitl Bldr		1000	( )	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	( )	Auto-Washer	( )
		1200	( )	250'	( )	Other _____	
		Other _____		Other _____			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection _____ 195__ Approved ( ) Disapproved ( )

Remarks #3 lines only Self apps - Central wtr supply - no washers.



Sketch of Installation

R.S.

Sanitarian