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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 Mr Postell McWhorter DATE 4-29-75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1906 – 1908 - Bay St.

S. R. No. _____

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

House ( ) Mobile Home ( ) Business ( ) Other Duplex

No. Bedrooms _____ No. Bathrooms _____

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

Lot Area _____

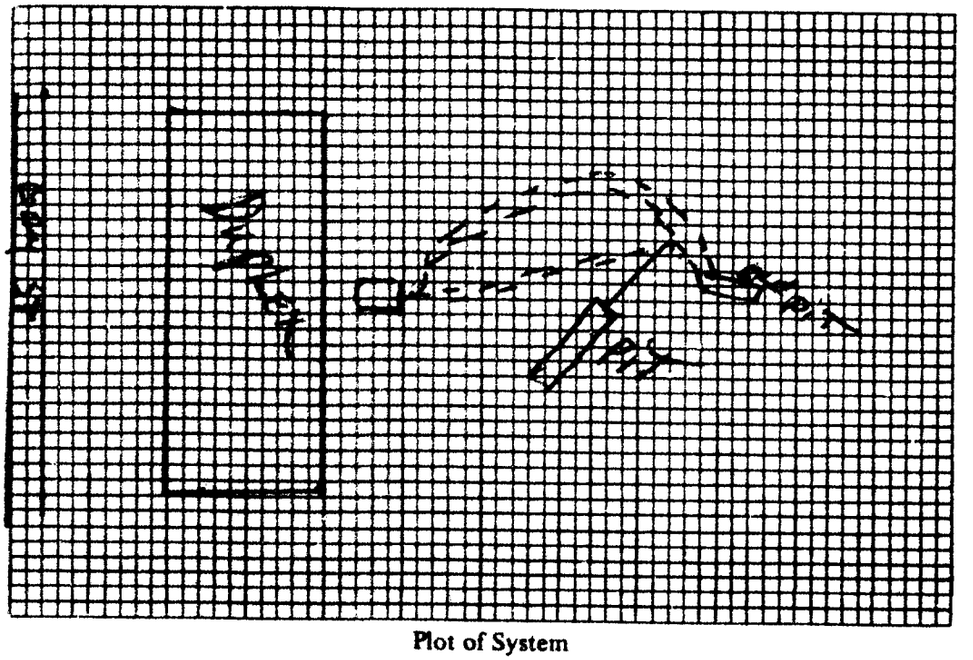
Character & Porosity of Soil _____

Percolation Rate Repair Satisfactory

Topography Typical

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines 24"

Water Supply: Individual ( )

Public ( )

Installed by _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Septic Tank System repaired 2 or 3 Times Ok to leave for additional lines – Annexed into city 12/1974

CERTIFICATE OF COMPLETION BY [signature] DATE 4/29/75

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