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 N. M. Blackwelder DATE 8-28-74 PERMIT NO. _____

PHONE: Business 872 7673 Home _____

LOCATION Hwy 21 N - Hilda's Camera Shop - Turn Right down Driveway beside Barber Shop - At end of Driveway to Field S. R. No. _____

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

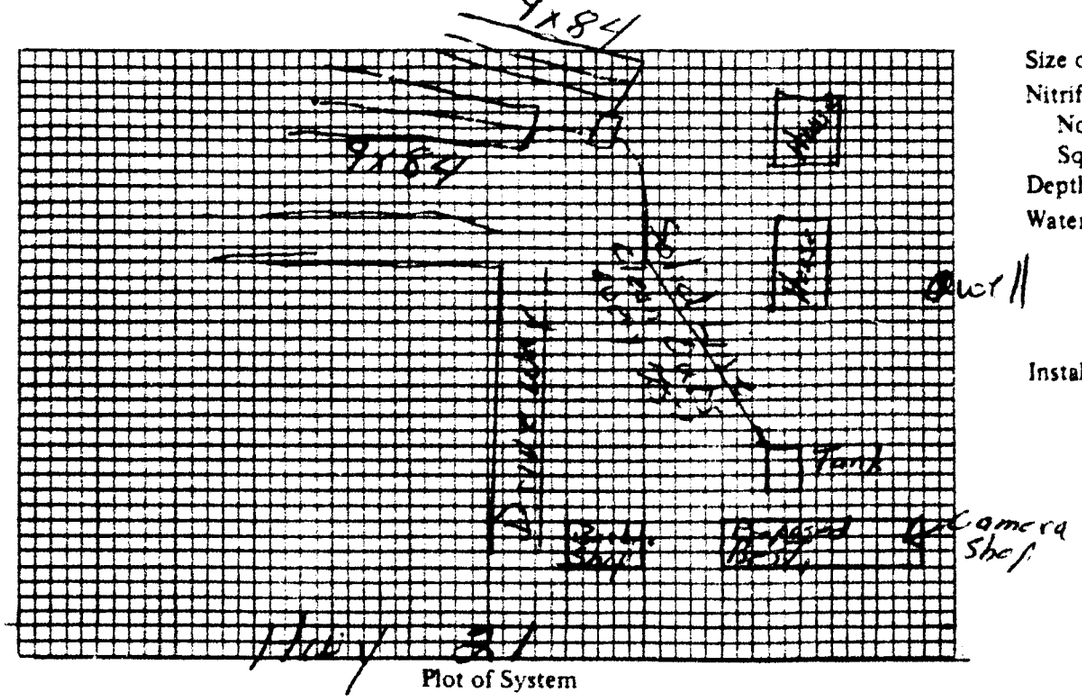
House ( ) Mobile Home ( ) Business (✓ Other Restaurant, Barber Shop, Photo, Studio

No. Bedrooms _____ No. Bathrooms _____

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

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

Lot Area _____



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 6
Sq. Ft. 1512 Linear Ft. 504
Depth of Stone in Lines 18"
Water Supply: Individual (✓
Public (

Installed by Robert Hoke

IMPROVEMENTS PERMIT BY _____

COMMENTS: System installed for Proposed Restaurant, & Barber Shop, Hilda's Studio - Restaurant to be on County water - others on Private well

CERTIFICATE OF COMPLETION BY J. David Gabriel DATE 8-28-74

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