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 R.L. DAVIDSON DATE 3-22-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 A LEFT ON JENNINGS RD - RIGHT ON RD # 1914 DEPOT - 1-77 - BEAUTY SHOP ON LEFT

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____ S. R. No. _____

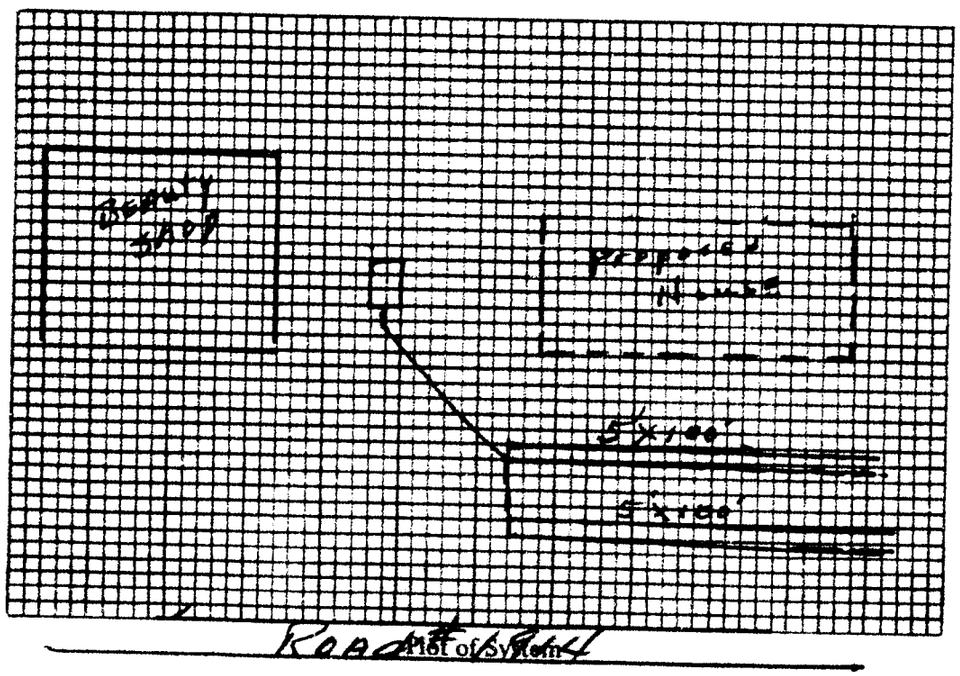
House (✓) Mobile Home ( ) Business (✓) Other _____

No. Bedrooms 2 No. Bathrooms 2

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

Lot Area 1 Acre

Character & Porosity of Soil Red Clay
Percolation Rate _____
Topography Slight slope to Rd & tank
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1250 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 1000 Linear Ft. 400
Depth of Stone in Lines _____
Water Supply: Individual (✓)
Public ( )

Installed by Harry Rup

IMPROVEMENTS PERMIT BY _____

COMMENTS: This System designed for Beauty Shop and small 2 bedroom 1 bath House only

CERTIFICATE OF COMPLETION BY Glenn Fox Jr. DATE 3/22/74

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