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 Mrs. Morton DATE 7/29/75 PERMIT NO. _____

PHONE: Business _____ Home _____

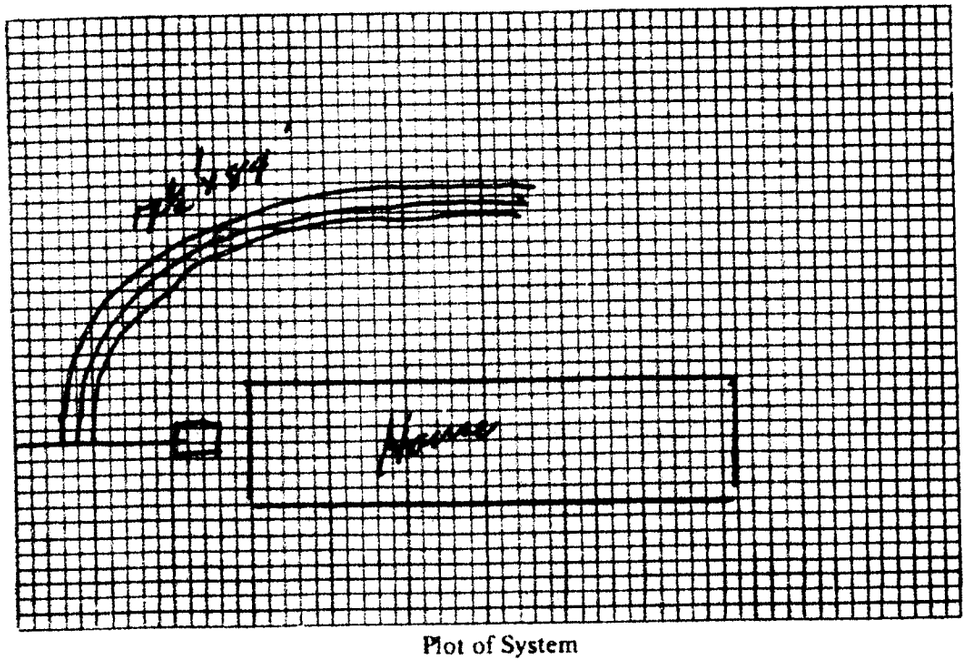
LOCATION Hwy 21 S below Troutman, T.L. on Amity Hill Rd, T.L. at Beautiful Hts. Methodist Ch, 1st house on Rt S. R. No. 2425

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

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

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 _____
Topography Rapair
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 2,500
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sam Outwatt

IMPROVEMENTS PERMIT BY _____

COMMENTS: Tank may need to be pumped

CERTIFICATE OF COMPLETION BY Andrew E. Camp DATE 7/29/75

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