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 Albert Murdock DATE 6-19-74 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I 77 to Amity Hill Rd T.L. Cross Creek. T.L. on Tucker Rd. 1st House on L S. R. No. _____

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

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

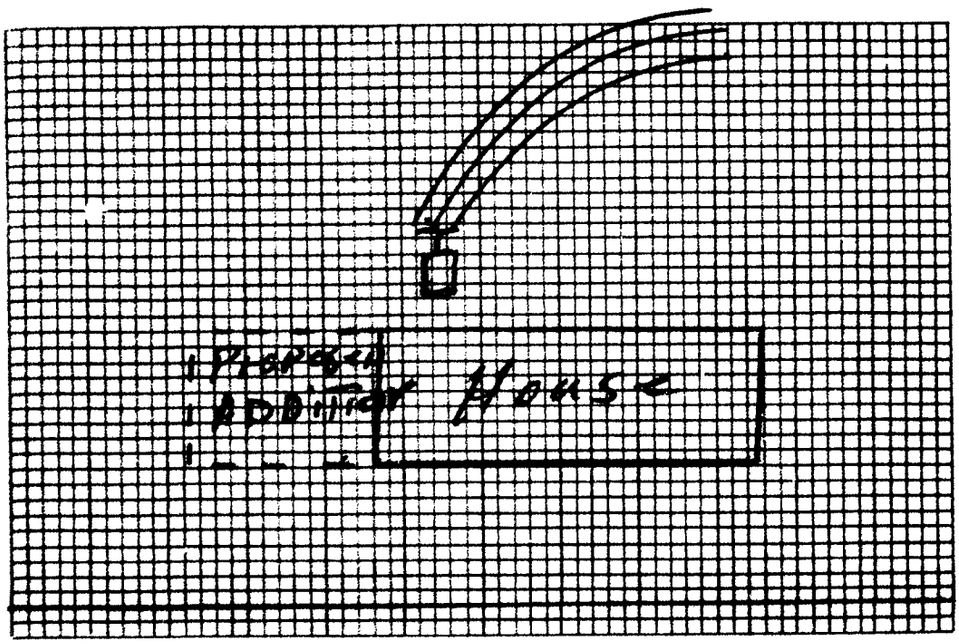
No. Bedrooms _____ No. Bathrooms _____
Garbage Disposal Unit Yes ( ) No ( )
Auto. Dishwasher Yes ( ) No ( )
Auto. Wash. Machine Yes ( ) No ( )
Site Suitable Yes ( ) No ( )
Lot Area _____

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

Existing System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Sly.



Plot of System

IMPROVEMENTS PERMIT BY _____

COMMENTS: Proposes to add 2 rooms to Present House. Sewage system is working satisfactorily at this time. No Problems Noted.

CERTIFICATE OF COMPLETION BY E. A. Stevenson DATE 6-19-74

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