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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 Wade Henderson DATE 7-31-79 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Shiloh ch Rt Cross 3rd Creek 1/2mi on right. S. R. No. _____

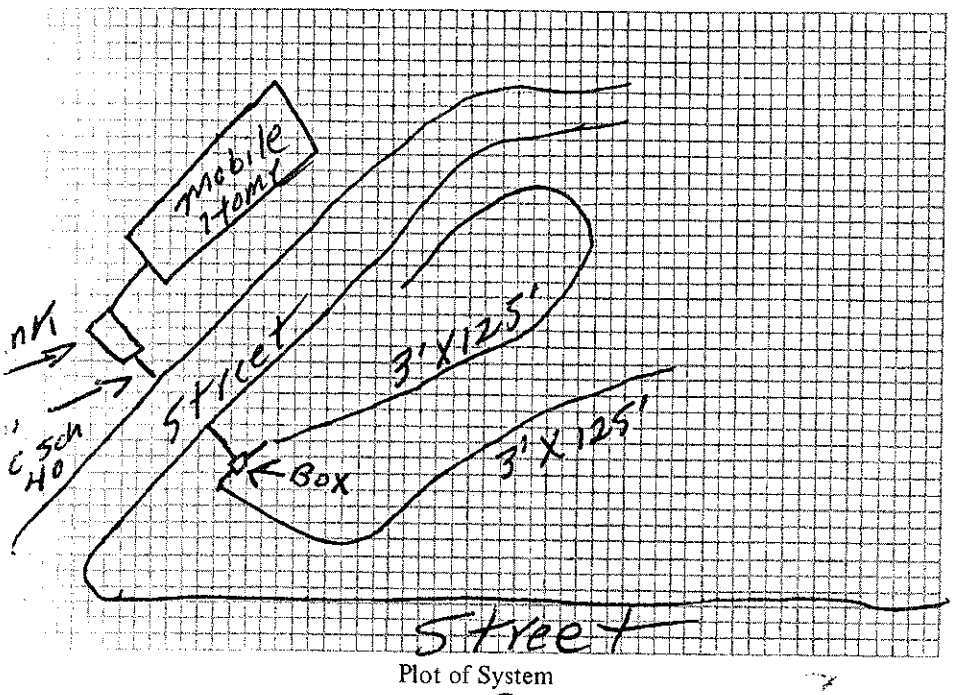
SUBDIVISION NAME Henderson M H P LOT NO. 9 SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Cecil + Appling + Parent mat.
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	80 min / inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	2 to 4%
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10'+
			Rock or other impervious formations	None

Lot Area 1/2 acre



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 750 Linear Ft. 250
Depth of Stone in Lines 10"

Water Supply: Individual ( )
Public (✓)

Installed by Charlie moore

IMPROVEMENTS PERMIT BY P. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY P. C. Moore DATE 7-31-79

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