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 Ralph Porter DATE 12-19-73 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 2024 Hazelwood Dr.

S. R. No. _____

SUBDIVISION NAME Green Acres LOT NO. 63 SECTION OR BLOCK NO. _____

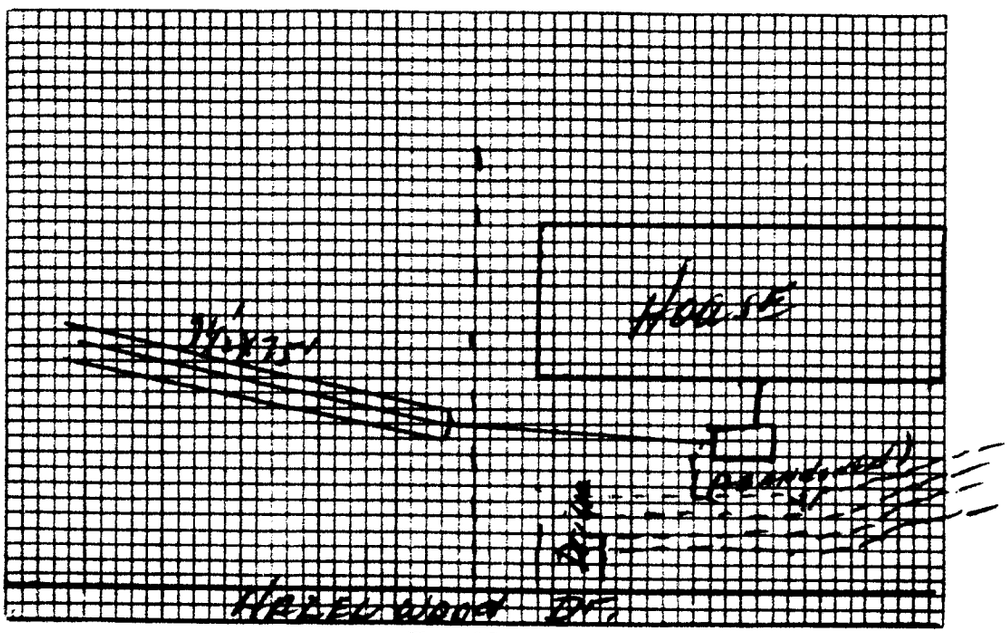
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½

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

Lot Area 18,975' Plus 2 Lots

Character & Porosity of Soil Yellow Tight Clay
Percolation Rate _____
Topography Level front Slope at back.
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. ~~362~~ Linear Ft. 225
Depth of Stone in Lines 18"
Water Supply: Individual ( )
Public (✓)

Installed by Lucky Bros
Stony Point, NC.

IMPROVEMENTS PERMIT BY _____

COMMENTS: WATER SEEPAGE IN BASEMENT - TANK SEALED - OLD NITRIFICATION ABANDONED - NEW NITRIFICATION ON EXTRA LOT EAST SIDE OF HOUSE

CERTIFICATE OF COMPLETION BY [signature] DATE 12/19/73

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