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 John Williams DATE 7/5/77 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Mordecai Rd., T.L. on Stokes Ave, M.H. on left at end of Rd (1104 Stokes Ave S. R. No. _____

SUBDIVISION NAME _____ LOT NO. #37 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 Cecil Clay

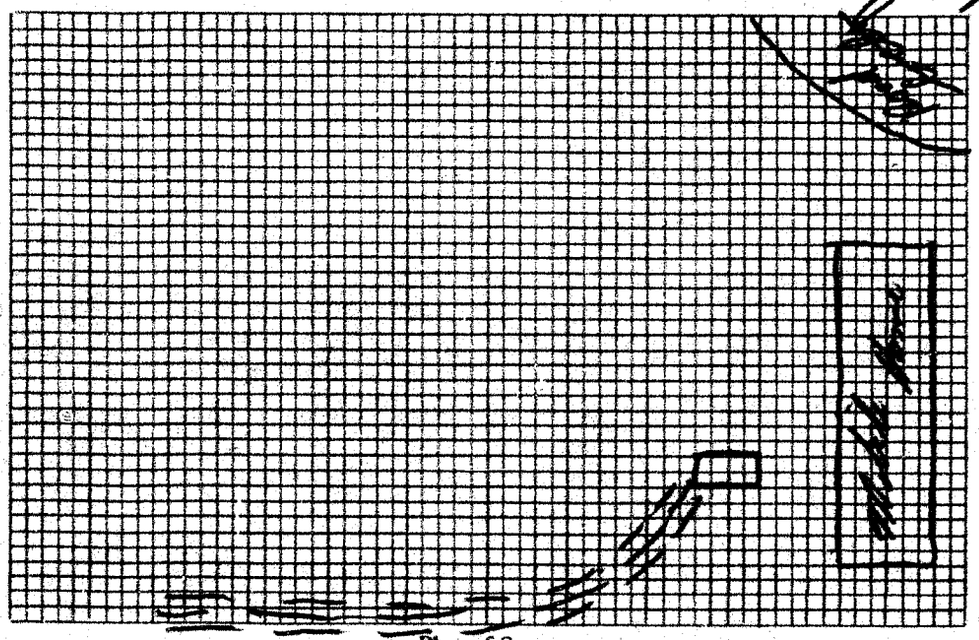
Percolation Rate over

Topography 2-6%

Depth to Water Table ok

Rock or other impervious formations none found

Existing system



Plot of 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 _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: System appears to be not malfunctioning at time of inspection.

CERTIFICATE OF COMPLETION BY Andrew E. Cannon, Hard B. Hinson DATE 7/5/77

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